Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| | To: | | | | | |
|-----|---------|-----------------|--|------------------|----------|--|
| | | Division of C | orporations | | | |
| | | Fax Number | : (850)617-6380 | | | |
| | From: | | | | | |
| · . | | Account Name | : FANJUL ENTERPRISES LLC | | r~-3 | |
| ٤ | | Account Numbe | r : I20190000080 | | . 1 | |
| ÷ | | Phone | : (305)603-8791 | * | | |
| | | Fax Number | : (877)503-6086 | | | |
| | | | | | 1 | |
| : | | | | | NO NO | |
| | **Enter | the email addre | ss for this business entity to be used for | ar future | 1 10 | |
| ı | ann | ual report mail | lings. Enter only one email address pleas | e.* | P | |
| | Ema | il Address: | | | ယ္ | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN EAT WELL FEEL GOOD CORP

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
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MAR 23 2021 Help

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

To:

Page: 2 of 5

Articles of Amendment to Articles of Incorporation of

| EAT WELL FEEL GOOD CORP | | | |
|--|------------|---------------|------------|
| (Name of Corporation as currently filed with the Florida Dept. of State | <u>e)</u> | | |
| P21000022167 | | | |
| (Document Number of Corporation (if known) | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation: | following | amendr | nent(s) to |
| A. If amending name, enter the new name of the corporation: | | | |
| | , | The no | 7147 |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name mus "chartered," "professional association," or the abbreviation "P.4." | breviation | "Corn | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2521 | · · · |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: | | (2/2 PH 3: 0 | |
| Name of New Registered Agent | 12.1 | വ | |
| The state of the s | | | |
| (Florida street address) | | | |
| New Registered Office Address: | | | |
| (City) | (Zip Cox | le) | |
| | | | |
| New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po | sition. | | |
| Signature of New Registered Agent, if changing | | | |

From: Robert Fanjul Fax: 18775036086 To: Fax: (850) 617-6380 Page: 3 of 5 03/22/2021 11:43 AM

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doc | |
|-------------------------------|-----------|----------------------|------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1)Change | S | NAUDY ESTEVEZ CALDAS | 192 FLORIDA BLVD |
| Add | | - | MIAMI, FL 33144 |
| X Remove | | | |
| 2) Change | | | |
| | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| | | | |
| Remove | | | |

From: Robert Fanjul

Fax: 18775036086

To:

Fax: (850) 617-6380

Page: 4 of 5 03/22/2021 11:43 AM

| | t <mark>icles, enter change(s) here</mark> : (Be specific) |
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| f an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| (у пог аррисавле, также кол) | |
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From: Robert Fanjul

Fax: 18775036086 To:

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Page: 5 of 5 03/22/2021 11:43 AM

| The date of each amendment(s) adoption:date this document was signed. | if other than the |
|--|--|
| Effective date if applicable: | n 90 dass after amendment file date) |
| Note: If the date inserted in this block does not meet the audocument's effective date on the Department of State's recor- | olicable statutory filing requirements, this date will not be listed as th |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators action was not required. | or board of directors without shareholder action and shareholder |
| The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval. | The number of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle | |
| "The number of votes cast for the amendment(s) wa | s/were sufficient for approval |
| by(voting group) | |
| (voting group) | |
| Dated | ······································ |
| (By a director, president or other | officer – if directors or officers have not been in the hands of a receiver, trustee, or other court in the hands of a receiver, trustee, or other court in the hands of a receiver, trustee, or other court in the hands of a receiver, trustee, or other court in the hands of a receiver, trustee, or other court in the hands of a receiver, trustee, or other court |
| EMIGDIO MONZON | |
| (Typed or prin | nted name of person signing) |
| PRESIDENT | |
| (Title of perso | n signing) |