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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Unique Body Res	ults Inc			
	1BER: P21000022974				
	es of Amendment and fee are so	ubmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	Ashley Cancz				
		Name of Confact Perso	on		
	EastBiz.com,Inc				
	Firm/ Company				
	5348 Vegas Di	. ,			
		Address			
	Las Vegas, NV 89108				
	City/ State and Zip Code				
	ashley@incparadise.com				
	- · ·	sed for future annual report	nutricetion)		
	•		. manifemorphy		
For further information	on concerning this matter, plea	se call:			
Ashley Canez		at (871-8678		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Englaced is a chack f	or the following amount and		·		
Enclosed is a cheek r	or the following amount made	payable to the riorida Depa	artinent of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
Tallahassee, FI. 32314		The Centre of Tallahassee			
(auanassee, F1, 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



UNIQUE BODY RESULTS INC	
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P21000022974	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
	The new
name must be distinguishable and contain the word "c "Inc.," or Ca.," or the designation "Corp." "inc, "chartered," "professional association," or the abbra	corporation," "company," or "incorporated" or the abbreviation "Corp." " or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>	S: DRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the I office address:
Name of New Registered Agent	
	(Florida street whitess)
New Registered Office Address:	. Florida
New Acquired Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	gistered Apent: I am familiar with and accept the obligations of the position.
r nereoy accept the appointment as registered agent.	Eurogamanae mine unic vice efe trie vinigations of the products
Sign	enture of New Registered Agent of changing

Check if applicable

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

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 officer 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.

X_Change	PT	Join Doe		
X Remove	Y	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) X Change	DIR	Jonathan Erb	660 Beltrees St. Apt 114	
Add			Duncdin, FL 34689, US	
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
б) Change				
Add				
Remove				

- - - -

anges are made as the last name was incorrect. Jonathan Beltrees needs to be Jonathan Erb, Listed Director	
	
,	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective dute if applicable:	(no more than 90 days after amondment file date)	
	(no more than yo alies after amenament fact alice)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date department of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	1
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
-, 	(voting group)	
Dated	131/2021	
Signature	1.70	
(By a selec	director, president or other officer—if directors or officers have not been ted, by an incorporator—if in the hands of a receiver, trustee, or other coun inted fiduciary by that fiduciary)	
	Jonathan Erb	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	