P21000080981

(Req	uestor's Name)	.
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HEALTHY GENI	ERATION INC	
DOCUMENT NUME			
	of Amendment and fee are si	ubmitted for filing.	-
Please return all corres	pondence concerning this ma	atter to the following:	
		YOAN A JUVIER	
		Name of Contact Perso	n
		Firm/ Company	<u></u>
	900) WEST 49TH ST SUITE 2	234
-		Address	
		HIALEAH,FL 33012	
		City/ State and Zip Cod	e
	concerning this matter, plea	786	760-4443
Name of Contact Person		at ()de & Daytime Telephone Number
Enclosed is a check for	the following amount made		•
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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section In of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HEALTHY GENERATION INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

	P21000080981				
(Docume	ent Number of Co	rporation (if known)			
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Flor</i>	rida Profit Corporatio	n adopts the follow	ing amend	ment(s
A. If amending name, enter the new name of the cor	poration:				
				The n	ew
name must be distinguishable and contain the word "cor," "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrevi	or "Co". A pr	pany," or "incorporation of essional corporation of the corporation of	ed" or the abbrevia n name must cont	tion "Corp)., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>RESS</u>)				
	_			•	_
	_		<u></u>	20	_
C. Enter your mailing address if applicable.			AC AC	21 S	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9 _			EP .	11
			第二	29 r	
	_		<u>%</u>	A	77
	_		<u> </u>	 	⊃
D. If amending the registered agent and/or registere	ed office address	in Florida, enter the	name of the	S	
new registered agent and/or the new registered of			,	2	3
Name of New Registered Agent	DIRIAN	GARCIA			
name of New Neglisterea rigem	<u></u>				
	(Florida street a	uddress)			
	77 101 144 317 661 14				
New Registered Office Address:	(Cit		, Florida	o Code)	_
	(Cu)	17	(24	Coaej	
New Registered Agent's Signature, if changing Regis	stered Agent:				
Thereby accept the appointment as registered agent. To		and accept the obligat	tions of the position	١.	
\mathcal{T}					
			····		
Signati	ure of New Regis	tered Agent, if changir	ıg		
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 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 Doe	
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	P	YOAN A JUVIER	
Add X Remove	P	DIRIAN GARCIA	900 West 49th St Suite 234
2) Change X Add	<u> </u>		Hialcah, Fl 33012
Remove 3) Change			
Add Remove			
4) Change		_	
Add Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adoption: date this document was signed.	, if other than t
Effective date if applicable:	
(1)	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	neet the applicable statutory filing requirements, this date will not be listed as tate's records.
Adoption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the inc action was not required.	orporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	reholders. The number of votes cast for the amendment(s) roval.
• • • • • • • • • • • • • • • • • • • •	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes east for the amenda	nent(s) was/were sufficient for approval
by	,,,
(voting	group)
Dated	021
Signature	
	or other officer – if directors or officers have not been or other court that fiduciary)
	YOAN A JUVIER
(Ту	ped or printed name of person signing)
	PRESIDENT
(Tit	le of person signing)