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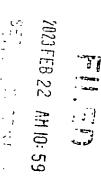
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Reenaes	Healthy Choices, Inc.	
DOCUMENT NUMBE	R: P220000	090803	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
		Holly Bejar	
		Name of Contact Person	1
		FranFund, Inc.	
		Firm/ Company	
		505 Main Street, Suite	200
		Address	
_	Fort Worth, TX 76102City/ State and Zip Code		
		,	
	E-mail address: (to be us	im4kmonly@gmail.ec sed for future annual report	notification)
		·	
For further information o	concerning this matter, plea	se call:	
Jesika Merritt Name of Contact Person		at (<u>817</u> Area Co)
Englosed is a check for t	he following amount made	navable to the Florida Den	artment of State:
increased is a circuit of t	ne tottowing amount made	paymore to the Frontian Dep	and the state of t
S35 Filing Fee	∑\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
	dment Section on of Corporations		lment Section on of Corporations
P.O. Box 6327			entre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

O O O	(Document Number of Con		00.2004	mdment(e) to
Pursuant to the provisions of section 607,100 its Articles of Incorporation:	96, Florida Statutes, this <i>Flori</i> d	aa Proju Corporation adopts the followi	ng ame	namenus) w
A. If amending name, enter the new name	e of the corporation:			
			The	new
name must be distinguishable and contain the	word "corporation," "comp	any," or "incorporated" or the abbreviat	ion "Co	orp.,"
"Inc.," or Co.," or the designation "Cor "chartered," "professional association," or		fessional corporation name must conta	in the	word
createred, projessional association, or	the above viation 1.A.		202	
B. Enter new principal office address, if a		- 	3) E	
(Principal office address <u>MUST BE A STR</u>	<u>EET ADDKESS</u>)		, 22	ال 2 جودتات
	_		3	Liter
	_		- 2	
C. Enter new mailing address, if applica		<u> </u>	<u></u>	
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)		- 5 9	
		··		
				
D. If amending the registered agent and/	or registered office address i	n Florida, enter the name of the		
new registered agent and/or the new r	egistered office address:			
Name of New Registered Agent	Marvin R. McBride Jr.		_	
	909 Odoniel Drive			
سب ب	707 040			
New Registered Office Address.	Lakeland	, Florida338	19	
New Augusteren Office Handess.	(Ciry,		Code)	
New Registered Agent's Signature, if cha-	nging Registered Agent:	and accent the obligations of the position		
II I manifelant	sa agem. I am jamma woo c	and accept the congunous of the position	•	
I hereby accept the appointment as registere				
I hereby accept the appointment as registere				
I hereby accept the appointment as registere				

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:

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

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)	<u>Title</u>	<u>Name</u>	Address
1) Change		<u></u>	2023 FEB 22 S = 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Add			FEB
Remove			
2) Change			0: HA
Add			
Remove 3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
	
<u> </u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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The date of each amendment(s) at date this document was signed.	option:	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	juirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without	ut shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	oted by the shareholders. The number of votes cast for ficient for approval.	or the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	e following statement mendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approva	վ
by		2023 S.H.
	(voting group)	
		بہر ∞
Donal 010	I Door	22
Dated01/2	1/2023	ું કુઇ
Signature	1	A 15
(By a diselecte	rector, president or other officer – if directors or offic by an incorporator – if in the hands of a receiver, the diductory by that fiductory)	ers have not been on
	Marvin R. McBride Jr.	
	(Typed or printed name of person signing))
	President	
	(Title of person signing)	