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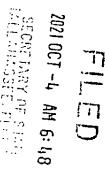
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CARAGES	tart USA Incorporated
DOCUMENT NUMBER: N980000	7382
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
Charlotte Ko	(Name of Contact Person)
Cardio Start.	
534 Pinellas Bayway	S, art, 107_ (Address)
St. Petersburg, FL 3	S715 USA City/ State and Zip Code)
Charlotte Kozin Da	andiostart org
For further information concerning this matter, please of	<u> </u>
Janine Henson	at <u>503</u> <u>926-4232</u>
(Name of Contact Person) Enclosed is a check for the following amount made pay	(Area Code) (Daytime Telephone Number) yable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mulling Address	Stanot Addanas

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

of 2021 OCT -4 AM 6: 48

Cardinstart USA	Incorporated	
(Name of Corporation as currently filed with the Florida D	ept. of State)	TALLAHASSEF, ELD
N 98 00000 7382		Machinobar
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Floridu Not For Pro</i> j	fit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
Cardio Start International mame must be distinguishable and contain the word "corporation of the corporation		porated. The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ion" or "incorporated" or t	He ahbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NΑ	
	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	NA	
	A	
•	λΙΔ	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		the name of the
	NA	
Name of New Registered Agent:	- 1 N	· · · · · · · · · · · · · · · · · · ·
	(Florida s	ireet address)
New Registered Office Address:		
	AA	, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fam	niliar with and accept the ol	bligations of the position.
	MΔ	
Sig	mature of New Registered	Igent, if changing

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 X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add	· <u> </u>		
Remove			
5)ChangeAdd			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet)		onal Articles, enter change(s) here: (ssary) = (Be specific)	
		NA	
			

		 		
				
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<u> </u>				
The date of each amendment(s) adoption:late this document was signed.			,	if other than the
Effective date <u>if applicable</u> :	<u> </u>			
Effective date <u>if applicable</u> : (no more than 90 days a	ifter amendment j	file date)		
Note: If the date inverted in this blook door not most the applicable	المستراكة وسارورورورور			Linal author

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)



The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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