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## **COVER LETTER**

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TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION: HEALTH TECH T	RAINING INSTITUTE IN	∛C.
	MBER:		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	JOSE O DORTA		
	<del></del>	Name of Contact Person	1
	HEALTH TECH TRAINING	INSTITUTE INC.	
		Firm/ Company	
	7080 SW 23rd ST APT 206	, ,	
		Address	
	MIAMI, FL 33155		
		City/ State and Zip Code	e
	JDORTA64@GMAIL.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further informa	ition concerning this matter, pleas	se call:	
JOSE O DORTA		at (_786	2608352
Nar	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State;
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ω P	Mailing Address Amendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Amend Divisio The Co 2415 ?	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

			orida Dept. of State)
•	Articles of A		Contract of the second
· ·	Articles of In		5
	01	Ī	<i>?</i> <sub>4</sub>
IEALTH TECH TRAINING INSTITU'	TE INC.		<i></i>
<del></del>	of Corporation as current	ly filed with the Fl	orida Dept. of State)
P11000010767			
	(Document Number of	of Corporation (if kr	nown)
ursuant to the provisions of section 607.  Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Cor	poration adopts the following amendment(s)
. If amending name, enter the new na	ame of the corporation:		
ot Applicable			<i>Tt.</i>
ame must be distinguishable and contain Inc.," or Co.," or the designation "Contains and the contains and the contains are the contains and the contains are the contains and the contains are the contains are the contains and the contains are th	Corp," "Inc," or "Co".	A professional cor	The new prporated" or the abbreviation "Corp.," poration name must contain the word
. Enter new principal office address, Principal office address MUST BE A S		Not Applicable	
Enter new mailing address, if appli (Mailing address MAY BE A POST)		Not Applicable	·
If amending the registered agent an new registered agent and/or the new			ter the name of the
Name of New Registered Agent	Not Applicable	<del></del> -	
	·	reet address)	
New Registered Office Address:	Not Applicable		, Florida
		(City)	(Zip Code)
ew Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>	
nereby accept the appointment as regist	ered agent. I am familiar	with and accept the	obligations of the position.

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	D	JOSE C. DORTA	321 ESTUARY TRAIL
X Add			ALPHARETTA, GA 30005
Remove			
2) Change			
Add			
Remove 3) Change			
Adđ			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			<del>_</del>
Add			
Remove			

(Attach additional sheets, if necessary	y). (Be specific)
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•	
If an amendment provides for an e	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the a	mendment if not contained in the amendment itself:
If an amendment provides for an expressions for implementing the as (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
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provisions for implementing the a	mendment if not contained in the amendment itself:

The date of each amendmen		, if other than the
date this document was signed .  Effective date if applicable:	06/10/2020	
	(no more than 90 days after amendment file d	late)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requiren he Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sha	reholder action and shareholder
	re adopted by the shareholders. The number of votes cast for the ere sufficient for approval.	amendment(s)
	re approved by the shareholders through voting groups. The followd for each voting group entitled to vote separately on the amend	
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
06/10 Dated Signature	12020 (J) mly H	
(E	by a director, president or other officer – if directors or officers have lected, by an incorporator — if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary)	
	JOSE O DORTA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	