P1500063632

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION:	Berta Baum Do. PA D15000063632
DOCUMENT NUMBER:	D15000063632
The enclosed Articles of Amendmen	at and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
	Max Adams
	Mame of Contact Person The Medical Caution
	211 S. Lefeure Doad #306
	Coval (able), FC 53134
E-mail a	City/ State and Zip Code IN Cow He Med', aw Live Com ddress: (to be used for future annual report notification)
For further information concerning t	his matter, please call:
Name of Contact Per	Son Adams at (SOT) 444-3484 Area Code & Daytime Telephone Number
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
	5 Filing Fee &
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassec, FL 3	on Amendment Section Prations Division of Corporations Clifton Building

Tallahassee, FL 32301

Articles of Amendment to

Articles of Am	endment	201 .
to Articles of Inco	-namin	77.
Articles of Incol of	rporation	/;
Beite	y Baun Dol	PA 4
(Name of Corporation as currently	filed with the Florida Dept. of State)
P120	0000 36 SL.	
- (Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co	o". A professional corporation name	
word "chartered," "professional association," or the abbreviation "P.	1. Mus Atom	
B. Enter new principal office address, if applicable:	M910 100 de	Lna rood
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	North Wiani	Becky IC
	53179	
C. Enter new mailing address, if applicable:	ICILIA 11ET	2) nd Road
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	100 1 1 100 R	<u> </u>
	231701	cun, ti,
	37119	
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stree	n address)	
New Registered Office Address:((, Florida	(Zip Code)
(t	.uy)	17.47 Code)
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the po	sition.
Charles MAD D	alar and I the our of alcounting	
Signature of New Rej	gistered Agent, if changing	

Page 1 of 4

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 PS1 and Mike Jones is tisted 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.

p. (1177111111111111111111111111111111111		
<u>N</u> Change	P1 John Dec	
X Remove	V three topics	
X Add	SV Sally Smith	
Type of Action (Check One) 1) Change	Title Name Bekha Baum	Address 1940 NE Dand Ro Novin Mian Beach
Add Remove	·	Novtublian Beach
2) Change Add		
Remove 3) Change Add		
Remove 4) Change		
Add		
5) Change Add		
Remove 6) Change		
Add		
,		

	Liew Address
	19410 NE Dand R North Mich. Beach
	33179
·) \$1 (9
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an amendment provides	for an exchange, reclassification, or cancellation of issued shares,
<u>provisions for implementi</u>	ing the amendment if not contained in the amendment itself:
(if not applicable, indi	cate N/A)

The date of each amendment(s) adoption:, if other than date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by"
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated Maryn 9, 2018
Signature
selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Raturalam, President
(Title of person signing)