## P1500099529

(Re	equestor's Name)	
(Ac	idress)	·
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(Ĉi	ty/State/Zip/Phone	: #)
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## COVER LETTER ?

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CLOUDMEDIX F	EALTH SYSTEMS, INC	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
1	RICARDO VILLAMII.		
-		Name of Contact Person	n
-		Firm/ Company	
	13831 SW 59TH STREET S	UITE 201	
		Address	- <del>-</del>
:	MIAMI, FL 33183		
-		City/ State and Zip Cod	e
invilla	mil@cloudmedixhealth.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
RICARDO VILLAMII	·	at (	de & Daytime Telephone Number
Name o	f Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 bassee FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CLOUDMEDIX HEALTH SYSTEMS, INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P15000099529	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation  B. Enter new principal office address, if applicable:	"Co". A professional corporation name must contain the
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED ALLAHASSEE, F
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
,	street address)
New Registered Office Address:	(City) (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Aget I hereby accept the appointment as registered agent. I am familia.	
Signature of New	Registered Agent, 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	<u>PT</u>	John De	<u>oc</u>	
X Remove	V	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	CEO		FRANCISCO MEDINA	13831 SW 59TH STREET
Add		_		SUITE 201
X Remove				MIAMI, FL 33183
2) Change		<del>_</del>		
Add				
Remove				
3 ) Change		_		
Add				
Remove				<del></del>
4) Change		_		
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change		<u></u>		
Add				
Remove				

E. If amending or adding additional Article (Attach additional sheets, if necessary). (	s, enter change(s) here: Be specific)	
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		~ <del>~~~</del>
<ol> <li>If an amendment provides for an exchan provisions for implementing the amend</li> </ol>	<u>ge, reclassification, or cancellation</u> nent if not contained in the amenc	<u>not issued shares,</u> Iment itself:
(if not applicable, indicate N/A)		<del></del>
		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
		<del></del>
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	10/26/2018	
The date of each amendment date the document was signed		than the
date the document was signed	10/26/2018	
Effective date i <u>f applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.	d as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) rere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	."	
<u> </u>	(voting group)	
The amendment(s) was/wer action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
DatedSignature	/2018	
(E Sc	By a director, president or other officer – if directors or officers have not been elected; by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	RICARDO VILLAMIL	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	