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COVER LETTER

Division of Corporations
NAME OF CORPORATION: AMENICAS HEATH VISION INC. DOCUMENT NUMBER: P18000 8 2473
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tason Prod Name of Contact Person Americas teath Vision Inc Firm/ Company 1507 North State Rd 7 Ste 6 Address Margate, FL 33063 City/ State and Zip Code Lensing Qurains well. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jason Price 1,954, 479 7325
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment



Americas Health Visio	∩ \ \@\C_1 29 Fil 3: 29
(Name of Corporation as currently filed with P180008247 (Document Number of Corporation	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pre</i> its Articles of Incorporation:	fit 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 "corporation," "competer "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proposal association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1 North State Rd7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Sui	rgate, PL 33063 7 North StateRd7 te G.
D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:	ida, enter the name of the
Name of New Registered Agent SON State	2d 7 Stc 6 . Florida 33063 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent.	ept the obligations of the position.
Signature of New Registered A	gent, 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 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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
6) Change			
Add			
Parmara			

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

The date of each amendment(s) adoption:, if date this document was signed.	f other than
Effective date if applicable: (no more than 90 days after amendment file date)	<u>_</u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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 7-22-19	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Jason Price	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

the

the