P1011130455

(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ddress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)	_		
(Do	ocument Number)			
Certified Copies	Certificates of Status	_		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: 4700 Servi Med Co	огр			
	BER: P19000030453				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
lease return all corre	spondence concerning this ma	tter to the following:			
	Jesse Foote				
		Name of Contact Persor	1		
	4700 Servi Med Corp.				
		Firm/ Company			
	4700 N Hiatus Rd. Suite 151-	-C			
		Address			
	Sunrise, FL 33351				
		City/ State and Zip Code	e		
4700s	servimed@mail.com				
	E-mail address: (to be us	sed for future annual report	notification)	•	
	·	•			
For further informatio	n concerning this matter, pleas	se call:		19 101 15	
Jesse Foote		at (368-4191		
Name	of Contact Person	at (at () de & Daytime Telephone Number		
1,411116	or Connect Chon	71100	te et mystille i ereplikille i saint et	 ~	
inclosed is a check for	r the following amount made:	payable to the Florida Depa	rtment of State:	2:49	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	. 🗸	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment Articles of Incorporation

οſ

N/A

(<u>Name o</u>	f Corporation as curren	tly filed with the Florida Dept. of State)		
ž/A				
	(Document Number	of Corporation (if known)		
ursuant to the provisions of section 607.1 s Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation adopts the follow	ving ame	ndment(s
. If amending name, enter the new na	me of the corporation:			
N/A			The	Re'W'
	ition "Corp," "Inc," or	ion," "company," or "incorporated" or the "Co". A professional corporation name mu "P.A."		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		N/A		
		N/A		
		N/A		
		N/A	•	
		N/A	Ω̈́s Co	 ,
				- کرخ.
 If amending the registered agent and new registered agent and/or the new 			-t7	C),
	Jessi Foote	<u> </u>	5: لـ	
Name of New Registered Agent	4700 N Higgs Rd Suite	151-C Sunries FL 33351	<u> </u>	GM.
		street address)		·
New Registered Office Address:	Same	, Florida		

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Caleb Espinoza	4700 N Hiatus Rd.
Add			 Suite 151-C
X Remove			Sunrise, FL 333515
2) Change	þ	Jesse Foote	 4700 N Hiatus Rd.
X Add			 Suite 151-C
Remove			Sunrise, FL 33351
3.) Change	•	_	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
0			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
F. If an amendment provides for an evchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	
	

	10/08/2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 N/A	<i>;</i> -	
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	
10/08/2019	;	
Dated	Irrector/president or/other officer – if directors of officers have not been	
selecti	ed, by an incorporation – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)	
	Caleb Espinoza	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	