P21000014183

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J. FASON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: 7DEMESO HEA	LTH SERVICES, INC.			
DOCUMENT NUMBER	P21000014183				
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspond	dence concerning this mat	tter to the following:			
	Benini Coulibaliy	,			
		Name of Contact Person	n		
	DEMESO HEALTH SERVICES, INC.				
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			
	721 SW 64TH WAY				
		Address			
	PEMBROKE PINES, FL 33023				
		City/ State and Zip Cod	e		
	benini_coulibaly@yahoo.fr				
		ed for future annual report	notification)		
For further information concerning this matter, please call:					
Benini Coulibaliy		at (at) 262-1150		
Name of Co	intact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	□\$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 Street Address					
	ent Section	Amendment Section			
Division of Corporations Division of Corporations			=		
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle					
Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

DEMESO HEALTH SERVICE	S, INC.		
(Name of Co	rporation as currently f	led with the Florida Dept. of State)	
P21000014183			
	(Document Number of C	orporation (if known)	-
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this Flo	prida Profit Corporation adopts the following	g amendment(s) t
A. If amending name, enter the new name	of the corporation:		
N/A			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	"Corp," "Inc," or "Co	". A professional corporation name must of	bbreviation
B. Enter new principal office address, if ap	plicable:	N/A	
(Principal office address <u>MUST BE A STRE</u>			
			
C. Enter new mailing address, if applicable	e:		
(Mailing address MAY BE A POST OFF		N/A	
			
			<u>. </u>
D. If amending the registered agent and/or		s in Florida, enter the name of the	
new registered agent and/or the new reg			
Name of New Registered Agent	N/A		
	(Florida street	address)	•
New Registered Office Address:		, Florida	
	(C	(Zip (Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		h and accept the obligations of the position.	292
	3	, 5 , .	
			und° •=d°
	N/A		. 0
	Signature of New Reg	istered Agent, if changing	111 PU ANTI 262
			= ジ
			ယ

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>x</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
i) X Change			JESSE DIOUME KEITA	N/A
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
N/A	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
provisions for implementing the ani	enument it not contained in the amendment usen:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A) N/A	
(if not applicable, indicate N/A)	,
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption date this document was signed.	N/A	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	N/A	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirements, at of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amend for approval.	lment(s)
	y the shareholders through voting groups. The following string 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 action was not required.	the board of directors without shareholder action and shareholder	cholder 2021
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and sharehol	2021 HAY 10 AH 11:
Dated5/5/2021		AH ·
Signature BCOUL!		- 4.5
(By a director, selected, by an	president or other officer – if directors or officers have not incorporator – if in the hands of a receiver, trustee, or other ciary by that fiduciary)	
E	BENINI COULIBALY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	