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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>edgeWED</u>	HEALTHCARE SOLUTIONS INC.			
DOCUMENT NUMBER: 9970000	73003			
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	r to the following:			
GARY KURSTIN (Name of Contact	t Person)			
Edge MED HEALTHCARE SOLUTIONS INC. (Firm/Company)				
1650 S. POWERLINE RD, SUITE F (Address)				
DEERFIELD BEACH, FL 33442 (City/ State and Zip Code)				
For further information concerning this matter, please	call:			
(Name of Contact Person) at	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:			
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amendment Section An Division of Corporations Di P.O. Box 6327 Cl	reet Address mendment Section vision of Corporations ifton Building 61 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



EdgeMED HEALTHCAR	E SOLUTIONS INC	<u>. </u>
(Name of Corporation as currently file	ed with the Florida Dept, of Star	te)
P970000 93 003		
(Document Number of C	Corporation (if known)	
ursuant to the provisions of section 607.1006, Florid llowing amendment(s) to its Articles of Incorporation		Corporation adopts the
. If amending name, enter the new name of the cor	poration:	
he new name must be distinguishable and contincorporated" or the abbreviation "Corp.," "Inc.," Co". A professional corporation name must ssociation," or the abbreviation "P.A."	or Co.," or the designation "(Corp," "Inc," or
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDR</u>	<u>ZESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9	
. If amending the registered agent and/or registere new registered agent and/or the new registered of		er the name of the
Name of New Registered Agent:		-
New Registered Office Address:	(Florida street address)	<u>-</u>
		_, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. sition.		t the obligations of the
Signa arte una	of New Registered Agent, if chan	
Signature	oj ivew kegisierea Agent, ij char	iging

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title Address Type of Action Name PRESIDENT GARY KURSTIN SECRETALYTREASURER ☐ Add Remove PRESIDENT RYAN KURSTIN 1650 S. POWERLINE RD CA Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

Page 2 of 3

If amending the Officers and/or Directors, enter the title and name of each officer/director being

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)

SWITE F DEER FIELD BEACH, FL 3344 Res Res Res Ad Ad Ad	<u>Tit</u>	<u>tle</u>	<u>Name</u>			Address	Type of Action
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shaprovisions for implementing the amendment if not contained in the amendment itself:							-
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The date of each amendment(s) adoption: 4/1/200 9		
Effective data if applicables		
(no more than 90 day	s after amendment file date)	
Adoption of Amendment(s) (CHECK	(ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	cholders. The number of votes cast for the amendment(s) val.	
	reholders through voting groups. The following statement p entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendmen	t(s) was/were sufficient for approval	
by(voting group)	"	
(voting group)		
The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incoraction was not required.	porators without shareholder action and shareholder	
Dated		
(By a director, president o	r other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court it fiduciary)	
GARY (Typed o	CURSTIAL r printed name of person signing)	
(-),		
CEOY	CHAIR MAN OF THE BOARS itle of person signing)	
(T)	itle of person signing)	