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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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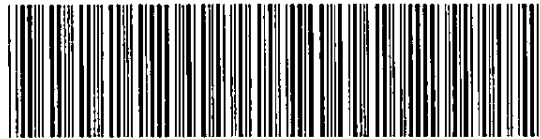
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

2024 SEP 10 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 SEP 10 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **AMENDEING ARTICLES OF INCORPORATION**

DOCUMENT NUMBER: **N18000009597**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

T.L. COVERSON
(Name of Person)

T.L. COVERSON ACCOUNTANT
(Name of Firm/Company)

9999 N.E. 2 Avenue – Suite 219
(street address)

Miami Shores **Florida** **33138**
(City) (State) (Zip Code)

For further information concerning this matter, please call:

T.L. COVERSON at **(786) 423-7991**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: **\$35.00 Filing Fee**

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32314

**Article of Amendment to
Article of Incorporation of**

DOCTOR UNITED GROUP, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

DOCUMENT NUMBER: N18000009597

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

AMENDMENT(S) ADOPTED- TO ADD ORGANIZING LANGUAGE OF CORPORATION AS CURRENTLY FILED WITH THE FLORIDA DEPT. OF STATE.

DOCTOR UNITED GROUP, INC.

ADDED: ARTICLED II

The organization is organized exclusively for charitable, religious, educational, and scientific purposed under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The date of each amendment(s) adoption: 9/10/24

Effective date, if applicable:
(no more than 90 days after amendment file date)

ADOPTION OF AMENDMENT(S): the amemdment(s) was/were adopted and approved by the incorporator, the board of director(s) and shareholder(s) by Unanimous Consent.

Signed this day 10 of September 24.

Signature: Augustine Carbon
(By the chairman or vice-chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Name of Signor: Augusting Carbon – Typed or printed name of person signing)

Title of Signor: President - (Title of person signing)

FILING FEE: \$35.00

FILED
2024 SEP 10 PM 4:05
TALLAHASSEE, FL

Doctor United Group, Inc. # N18000009597

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>TRES</u>	<u>MELVIN TERRELL</u>	<u>45 N.W. 8th STREET SUITE</u>	<input checked="" type="checkbox"/> Add
		<u>HOMESTEAD FL 33030</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CEO</u>	<u>AUGUSTINE CARBON</u>	<u>SAME AS ABOVE</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CFO</u>	<u>KHADJAH CARBON</u>	<u>SAME AS ABOVE</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

Paul Webster 9/10/24