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TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	Bienestar Integrated	Health Group, Inc.		
DOCUMENT NUMBER:	N19000001881			
The enclosed Articles of Amend	<i>ment</i> and fee are subr	nitted for filing.		
Please return all correspondence	concerning this matte	er to the following:		
	Milagros l	Rodriguez		
		(Name of Contact Po	erson)	
	Bienestar H	ealth Partners, LLC		
·		(Firm/ Company	y)	
	10391 SW	150ct. Apt. 10104		
		(Address)		
	Miam	i, Florida 33196		
		(City/ State and Zip	Code)	
	-	s575@gmail.com		
	il address: (to be used	•	oort notification	on)
For further information concerning	ng this matter, please	call:		
Lizette Vellon Sepulveda		at	786	390-8409
(Nai	me of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	wing amount made pa	yable to the Florida I	Department of	f State:
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certi s Certi (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing Addr	ess	Sti	reet Address	

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

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

Articles of Amendment to Articles of Incorporation of Bienestar Integrated Health Group, Inc.

Bienestar Integrati	ed Health Group, Inc	2.	ا دسانه	<i>سا</i> س	
(Name of Corporation as current	ly filed with the Flo				
NI	9000001881	veros.	8 - 40	D E	H
(Document Number Pursuant to the provisions of section 617.1006, Florida Statuter amendment(s) to its Articles of Incorporation:	er of Corporation (if	TALLA	HASSEL	FLüi	RIDA
A. If amending name, enter the new name of the corporation	on:				
	N/A				The new
name must be distinguishable and contain the word "corporate" "Company" or "Co." may not be used in the name.	ion" or "incorporat	ed" or the abbr	eviation "	Corp."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		a, enter the nar	ne of the		
Name of New Registered Agent:	<u>iui ess.</u>				
the state of the s		N/A			
New Registered Office Address:		Florida street addre	żri)		
			, Florida		
	(City)		(Zip C	ode)	
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fan		ot the obligation	s of the pe	osition.	
Sic	anature of New Regi	stered Agent. 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 X. Remove X. Add	<u>V</u> <u>M</u>	hn Doe ike Jones illy Şmith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIR	Lizette Vellon Sepulveda	10391 SW 150 ct. Apt.10104
Add			Miami, Florida 33196
X Remove			
2) Change	DIR	Milagros Rodriguez	10391 SW 150 ct. Apt. 10104
Add			Miami, Florida 33196
X Remove			
3) Change	DIR	Grace Burgos	1044 NW 101 st.
Add			Miami, Florida 33150
X Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
The following members: Milagros Rodriguez, Lizette Vellon Sepulveda and Grace Burgos are volunt	aril		
emoving themselves as Directors from Bienestar Integrated Health Group, Inc. as they will no longer participate in	the		
rganization.			

		N/A	
	e date of each amend e this document was si		_, if other than the
Effe	ective date <u>if applica</u>	November 6, 2019 ble:	
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	be listed as the
Ado	option of Amendmen	t(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	vas/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no membe adopted by the boar	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	Dated	November 6, 2019	
	Daicu		
	Signature _		_
	h	by the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	
		Milagros Rodriguez	
		(Typed or printed name of person signing)	
		Vice- Chairman of the Board	
		(Title of person signing)	