P01000021346

(Red	questor's Name)	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
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(Doc	cument Number)	
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COVER LETTER

TO: Amendment Se Division of Cor			•	ø
NAME OF CORPO	ORATION: Ladydoc007, Inc			
	4BER:			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all con	respondence concerning this ma	tter to the following:		
	Karla Noel, M.D.			_
		Name of Contact Person		
	Ladydoc007, Inc			
Firm/ Company				_
	PO Box 384385			
	<u></u>	Address		_
	Waikoloa HI, 96738-4385			
		City/ State and Zip Code		_
	Ladydoc007@gmail.com			
	-	sed for future annual report	notification)	
		•		
For further informat	ion concerning this matter, plea	se call:) (1) (2)
Karla Noel		at (ong Right
Nam	e of Contact Person	Area Coo	de & Daytime Telephone Numb	er - ro
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	A
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		W. ATE
	ailing Address		Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee		•		
	O. Box 6327 allahassee, FL 32314		N. Monroe Street, Suite 810	
14	angngaace, the DED 17	_ +1.7 1		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dept. of State)
01000021346	
(Document Number of	of Corporation (if known)
tursuant to the provisions of section 607,1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
A	The new
ame must be distinguishable and contain the word "corporation," " Inc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
5. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
,	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 384385
	Waikoloa H1 96738-4385
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	
Name of New Registered Agent NA	
(Florida st	reet address)
New Registered Office Address:	(City) , Florida (Zip Code) , S
lew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	<u>ti</u>
Signature of New I	Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	VCFO	Luna Nocl	75-5660 Kopiko St
X Add			Suite C7, #413
Remove			Kailua Kona, HI 96740
2) X Change	РСЕО	Karla Noel	PO Box 384385
Add			Waikoloa, HI 96738-4385
Remove 3) Change			
Ađd			
Remove			
4) Change		_	
Add			• • • • • • • • • • • • • • • • • • •
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
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to the state of th	
f 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)	
	, ' -
	Jan 1 35
	71

The date of each amendment date this document was signed	x(s) adoption:	, if other than the
_	August 8, 2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareho	older action and shareholder
	re adopted by the shareholders. The number of votes cast for the ameere sufficient for approval.	endment(s)
	re approved by the shareholders through voting groups. The followined for each voting group entitled to vote separately on the amendmen	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
Augus Dated Signature	18, 202	
(E	y a director, president or other officer – if directors or officers have reflected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	Karla Noel M.D.	
	(Typed or printed name of person signing)	
	CEO & President	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(Title of person signing)	94 105 22
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