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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	Omnia Heal	th, Inc				
DOCUMENT NUMBER	P01000038	044				
The enclosed Articles of A		bmitted for filing.				
Please return all correspon	dence concerning this ma	tter to the following:				
		Bonnie Rodriguez Bereng	guer			
		Name of Contact Perso	on			
		Firm/ Company				
		5970 Paradie Point Driv	re			
		Address	<u> </u>			
		Palmetto Bay, FL 33157	7			
	·	City/ State and Zip Coo	le			
		brb@omniaone.net				
	E-mail address: (to be us	ed for future annual repor	t notification)			
For further information co	ncerning this matter, pleas	se call:				
Bonnie Rodriguez Bereng	uer	at (794- 1524		2023, FEB	
Name of Co	ontact Person	Area Co	ode & Daytime Telephone	Number		~ 7*
Enclosed is a check for the	following amount made	payable to the Florida Dep	partment of State:	- <u>- </u>	8 27	() - meg
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		W 10: 31	
<u>Mailing</u>	Address	Stree	t Address			

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

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

Omnia Health, Inc

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

P01000038044

A. If amending name, enter the new name of t	the corporation:				
Omnia One, In	ic			The	new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the a B. Enter new principal office address, if applie (Principal office address MUST BE A STREET	"Inc," or "Co". ubbreviation "P.A. cable:	A professional corpo	ration name m	abbreviation "C nust contain the	Yorp.," word
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	E BOX)	not	applic	cable	
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent Name of New Registered Agent		<u>s:</u>	r the name of the	2023 FEB 27	42 Sall Sala Sala Sala Sala Sala Sala Sala
	(Florida sı	reet address)			1 6 8
New Registered Office Address:		(City)	, Floric	la 1 22 5	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			bligations of the	position.	
	Signature of New I	Registered Agent, if ch	anging		

[☐] 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)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change		-	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
not applicable
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)
not appliable

January 1, 2023 The date of each amendment(s) adoption: _____, if other than the date this document was signed. Effective date if applicable: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement* must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by _ (voting group) January 15, 2023 Dated Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Bonnie Rodriguez Berenguer (Typed or printed name of person signing) Director

(Title of person signing)