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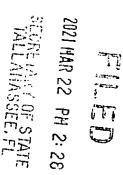
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## **COVER LETTER**

TO: Amendment Section

Division of Co	rporations		
NAME OF CORPO	ORATION: Medical Careers, h	nc.	
	MBER: P03000029896		
	es of Amendment and fee are su	bmitted for filing.	
	respondence concerning this ma		
	Brett Scarles		
	Diet Genrea	Name of Contact Person	
	Medical Careers, Inc.	name of Contact Person	
		Firm/ Company	
	1165 39th Ave NE	Time Company	
		Address	· · · · · · · · · · · · · · · · · · ·
	St. Petersburg, FL 33703		
		City/ State and Zip Code	;
	medicalcareers@hotmail.com	1	
		sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Brett Searles		at ( 727	423-7326
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ortment of State:
\$35 Filing Fee	☐\$43.75 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)
	lailing Address		Address
	mendment Section ivision of Corporations		ment Section n of Corporations
	O. Box 6327		entre of Tallahassee
_ ·	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

Medical Careers, Inc.  (Name of Corporation as curre	of FILED
(Name of Corporation as curre	
	ntly filed with the Florida Dept. of State) 2021 HAR 22 PM 2: 28
1 0300002,95,90	
(Document Numbe	er of Corpor <mark>ation (IEknown)</mark> OF STATE TALLAHASSEE FL nis Florida Profit Corporation adopted the following amendment(s)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
name 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.,	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NH
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	ddress in Florida, enter the name of the
Name of New Registered Agent	NA
	ı street address)
	,
New Registered Office Address:	, Florida

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)

Example:

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.

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>	Name	<u>Addres</u> s
1) Change	<u>v</u>	Tara De Lucia	1165 39th Ave NE
X Add			St. Petersburg, FL 33703
Remove			
2) Change	S	Madison Searles	1165 39th Ave NE
X Add			St. Petersburg, FL 33703
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	rssary). (Be specific)			
	1/1			
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	02/19/2021
The date of each amendment(s) a	doption:, if other than t
late this document was signed.	
·•	9/2021
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as t epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
02/19/2021	
Dated	
	$\mathcal{F}$
Signature	Try Doll
	irector, president or other officer - if directors or officers have not been
	d, by an incorporator - if in the hands of a receiver, trustee, or other court
appoin	ted fiduciary by that fiduciary)
	Brett Searles
	(Typed or printed name of person signing)
	President
	(Title of person signing)