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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Acupath lne

DOCUMENT NUMBER: P03000073741

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

Please return all correspondence concerning this matter to the following:

Michael Mercer

Name of Contact Person

Artemis Healthcare Inc.

Firm/ Company

658 Grassmere Park Drive Suite 102

Address

Nashville, TN 37211

City/ State and Zip Code

legal@arianadx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Mercer

Name of Contact Person

at (615) 916-3208 Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□ 543.75 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)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303 Articles of Amendment to Articles of Incorporation of

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Acupath Inc				
(<u>Name of C</u>	orporation as current	tly filed with the Florida l	Jept. of State)	
P03000073741				
	(Document Number)	of Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this	s Florida Profit Corporatio	n adopts the fe	blowing amendment(s) to
A. If amending name, enter the new name	of the corporation:			
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp "chartered," "professional association," or t	" "Inc." or "Co".	A professional corporatio		
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		658 Grassmere Park Drive Suite 102		
		Nashville, TN 37211		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		658 Grassmere Park [Drive Suite 102	
		Nashville, TN 37211		
D. <u>If amending the registered agent and/o</u> new registered agent and/or the new re <u>Name of New Registered Agent</u>	r registered office add gistered office addres Corporat: on Sy	<u>151</u>	лате of the	<u></u>
	1200 South Pine Isl	and Road		
	(Florida s	(reet address)		
New Registered Office Address:	Plantation		, Florida	33324
		(City)		(Zip Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> *Thereby accept the appointment as registered agent. Tom familiar with and accept the obligations of the position.*

X Highed Moline Nichol McCroy, Assistant Secretary Signature of New Registered Agent, if changing

Check if applicable

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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 on 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 Doc, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add

Example: X.Change

,

PT John Doc

<u>Mike Jones</u> <u>Sally Smith</u> <u>Name</u>	<u>Addres</u> s
Name	<u>Addres</u> s
	<u>Addres</u> s
Madalla Nall C	
	1710 36th St
	Building A
	Vero Beach FL 32960
Athanassios Papaioanu	658 Grassmere Park Dr.
	Suite 102
Michael Mercer	Nashville, TN 37211
	658 Grassmere Park Di.
	Suite 102
	Nashville, TN 37211
·	
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	(Be specific)
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	16-7-1
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
7. <u>If an amendment provides for an exch</u> provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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· .

11/01/2024

The date of each amendment(s) adoption: ______ date this document was signed.

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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)

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(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

οv	"
	(voling group)
	Dated 11-2-2024 Signature
	(By 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)
	Michael Mercer
	(Typed or printed name of person signing)

CFO

(Title of person signing)

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_____, if other than the