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EFFECTIVE DATE

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COVER LETTER

TO: Amendment Section

Division of Corporations

	· 4					
NAME OF CORPORATION		Wellness Inc				
P04000040609 DOCUMENT NUMBER:						
The enclosed Articles of Am	endment and fee are su	bmitted for filing.				
Please return all corresponde	ence concerning this mat	tter to the following:				
Joh	n Staub					
	• •	Name of Contact Pe	rson			
Ava	rta Weliness Inc					
		Firm/ Company				
383	7 East Colonial Dr	ive				
		Address				
Oria	ındo, FL 32803					
		City/ State and Zip (Code			
staubjoh	n@icloud.com					
*L	E-mail address: (to be us	sed for future annual rep	port notification)			
For further information cond	erning this matter, pleas	se call:				
John Staub		407	228-9599			
Name of Cor	ntact Person		Code & Daytime Telephone Number			
Enclosed is a check for the	following amount made	payable to the Florida D	Department of State:			
■ \$35 Filing Fee	343.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status			
Division o P.O. Box	ent Section of Corporations	An Div Cli 260	reet Address mendment Section vision of Corporations fron Building 61 Executive Center Circle Hahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of



Avarta Wellness Inc.

(Name of Corporation as currently filed with the	Florido Dont of State)
P0400040609	e rioriua Dept. of State)
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Precision Chiropractic Orlando, Inc.	The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
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)	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	
Name of New Registered Agent	ASSET TO
(Florida	street address)
New Registered Office Address: (Co	ity) , Florida , Zip Code) , G
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of New Registere	ed 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jos	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove			•	
2) Change		_		
Add				
Remove				
3) Change				
Add				*****
Remove				
4) Change				
Add				
Remove				
5) 0				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

<u>if amending or adding additional Artional Artional Artional sheets, if necessary).</u>	(Be specific)
·	
1.00 11.00 12	
If an amendment provides for an exch provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

The date of each amendment		, if other than the
date this document was signed. Effective date if applicable:	February 1, 2015	
Effective date it applicable.	(no more than 90 days after amendment file date)	_ _
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
Janu Dated Signature	uary 26, 2015	
(B se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	John Staub	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	