## P04000099926

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(PM 4-16-15

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Fallahassee, FL 32314

Division of Corporations Wellness DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton-Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

Mediglez wellness center	Anu II	
(Name of Corporation as currently filed with the Florida Dept. of State)	***	i
1040000999710	- 17 m	į
(Document Number of Corporation (if known)	*****	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> ad its Articles of Incorporation:	opts the following amedium	:ni( <del>s)</del> (c
A. If amending name, enter the new name of the corporation:		
	The new	ı.
name must be distinguishable and contain the word "corporation," "company," or "incorpo "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corpora word "chartered," "professional association," or the abbreviation "P A"  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	rated" or the abbreviation tion name must contain the	7 ?
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13 AH 5: 05	j
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:  Name of New Registered Agent  PLYULY HOND  REGISTERED (Florida street address)  New Registered Office Address:  MAM!  Florida  (City)	-	
New Registered Agent's Signature, if offanging Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations  Signature of New Registered Agent, if changing	of the position.	

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:	tembra, time daily comm	, us tin , itali.	
X Change	<u>PT</u> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	GONZAUZ, JULIO	8370 W Flagler or STC 244
Remove			MI ami R 33144
2) Change	VP	Poraida Cano	8370 w flagler st Ste 244
Add Remove 3) Change	Prisident	Voraida Cano	MIUMI R 33144 11009 W Ollerchober RC
Add		:	102 thaleah R 33018
4) Change	<u> </u>	Alonso, Nerelys	8370 w flaglerst STC 244
Add Remove			MI4MI P 33144
5) Change		<u> </u>	
Add Remove			
6) Change		•	
LbA			
Remove			*

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)	
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an amendment provides for an exchaporovisions for implementing the amer	ange, reclassification, or	in the amondment itself:
(if not applicable, indicate N/A)	innene ii not contained	III the amendingle user.
.,,		:

The date of each amendment(s) adoption:  date this document was signed.	, it other than the
Effective date if applicable: 03/3/20/5  (no more than 90 days after amendment file date)	
(no more man 90 days after amenament file date)	
Adoption of Amendment(s) (CI <sup>1</sup> ECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03/31/2015	
Signature X	
(By'a director) president or other officer – if directors or officers have not been selected, by an acceptorator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Verelys Horro	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	