## B5000/30/8

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>= #)</del>
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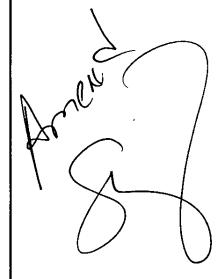
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SECRETARY OF STATES



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF COR	AME OF CORPORATION: HLPPC Inc. // NIMS Clinic			
DOCUMENT NI	UMBER:	P05000013018		
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.		
Please return all c	orrespondence concerning th	is matter to the following:		
		James Lester		
	,	Name of Contact Person		
	HLPI	PC Inc. // NIMS Clinic		
		Firm/ Company		
	PO Box 180504			
		Address		
	Ta	llahassee FL 32318		
	C	ity/ State and Zip Code		
	hlppc.nim E-mail address: (to be use	sclinic@yahoo.com d for future annual report notification)		
For further inform	ation concerning this matter,	please call:		
	James Lester	at ( <u>850</u> ) <u>21</u>		
Name	e of Contact Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depart	ment of State:	
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e	

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

of	35° AN 25
HLPPC Inc. // NIMS Clinic	MILLANDIAN AMO: 21
(Name of Corporation as currently filed with the Florida Dept. of State)	- ASSEE, FUSION
P05000013018	
(Document Number of Corporation (if known)	

ne corporation:	
	The new
word "corporation," esignation "Corp," "Inc, esional association," or t	"company," or "incorporated" or the "or "Co". A professional corporation the abbreviation "P.A."
able:	
ADDRESS )	
C PAV)	
<u> </u>	
	<del></del>
istered office address in	Florida, enter the name of the
red office address:	
	<del></del>
(Florida street ac	ddress)
	, Florida
(City)	, Florida (Zip Code)
Degistered Agent:	
	nd accept the obligations of the position.
,	
Cat D	14
	istered office address in red office address:  (Florida street address:  (City)  Registered Agent:

## 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) **Type of Action** <u>Title</u> Address <u>Name</u> ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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) Please amend HLPPC Inc. // NIMS Clinic authorized number of common shares from 800 million to 5 billion.

The date of each amendment	(s) adoption: January 25, 2010
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement of 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> Ja	nuary 26, 2010
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	James E. Lester
	(Typed or printed name of person signing)
	President, Founder and CEO (Title of person signing)
	(Thie of person signing)