PDU0000049195

(Red	questor's Name)	
(Add	dress)	
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(Do	cument Number)	
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TO: Amendment Section
Division of Corporations

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NAME OF CORPOR		JOHALI MEDICAL, INC	
DOCUMENT NUME	BER:	P06000049195	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
		Richard Muller	
		Name of Contact Perso	n .
		Johali Medical, Inc.	
	····	Firm/ Company	· · · · · · · · · · · · · · · · · · ·
		4647 N.W. 103RD AVE	
		Address	
		SUNRISE, FL 33351	
		City/ State and Zip Cod	e
		muller4@me.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Richard Muller		954 at (448 0153
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of JOHALI MEDICAL, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporati	DOCOCOAO LOS	Dept. of State)
	P06000049195	
(Docum	ment Number of Corporation (if known	
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professional c	
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	ne name of the
D. If amending the registered agent and/or register new registered agent and/or the new registered		ne name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		gations of the position.
		44.4999.00
Sign	nature of New Registered Agent, if char	ging

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.

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>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Shabnam Alibhai	4647 NW 103rd Ave.
Add			Sunrise, FL 33351
X Remove			
2) Change	CEOPE	Richard Muller	4647 NW 103rd Ave.
X Add			Sunrise, FL 33351
Remove 3) Change	VSD	Marcus Koch	4647 NW 103rd Ave.
X Add			Sunrise, FL 33351
Remove			
4) Change			
Add Remove			
5) Change Add		-	-
Remove			
6) Change			
Add			
Damouo			

uttach additiona	adding additional Artic Il sheets, if necessary).	(Be specific)			
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				······································	
<u>provisions for</u>	t provides for an exchainglementing the amen icable, indicate N/A)	unge, reclassifica dment if not co	ation, or cancella ntained in the am	tion of issued sha endment itself:	res,
•					
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 ,					

The date of each amendment(s) adoption: date this document was signed.	, if other than th
Essentian de de 10 au disentia	
(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 document's effective date on the Department of State's records.	s, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shaction was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older
September 8, 2015	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have reselected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	
SHABNAM ALIBHAI	•
(Typed or printed name of person signing)	
$C \in O$	
(Title of person signing)	