(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Dc	ocument Number)	
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R. WHITE SEP 0 5 2018

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: \mathcal{REM}	DIINC	<u> </u>
DOCUMENT NUMBER: P 08 00000	00508	
The enclosed Articles of Amendment and fee are sub-	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Pulin Coost, Statements @ berene E-mail address: (to be us	Address FL 32137 City/ State and Zip Code 81.4. Con ed for future annual report	e
For further information concerning this matter, pleas	e call:	
Reinan Berens 1.7	at (<u>9/7</u>	1678-6720
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	irtment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address	Street	Address
Amendment Section		Iment Section
Division of Corporations Division of Corporations		
P.O. Box 6327		Building
Tallahassee, FL 32314	2001 b	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation



of

REMD, INC

2018 AUG 30 AM 8: 31

(Name of Corporation as currently filed with the Florida Dent. of State) TALLAHASSEE, FL (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the 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) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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 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>	Address
1) Change	<u> </u>	MARINA JAROVA	91 Brittany In Palm Coast, FL 32137
Add			Palm Coast, FL 32137
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damore			

	(Be specific)				
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if an amendment provides for an exc	hange, reclassific	ation, or cancella	ition of issued sh	ares,	
f an amendment provides for an exc provisions for implementing the am	hange, reclassificendment if not co	cation, or cancella ontained in the an	tion of issued sh tendment itself:	ares,	
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provisions for implementing the amount	hange, reclassific	cation, or cancella	ition of issued sh nendment itself:	ares,	

The date of each amendment(s) adoption:	2122/2012	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	812212018	
effective date <u>if applicable</u> :	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this block does r document's effective date on the Department of		rements, this date will not be listed as the
Adoption of Amendment(s) (CI	IECK ONE)	
☑ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		ne amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting groups. The fo g group entitled to vote separately on the ame	Howing statement nament(s):
"The number of votes east for the ame	indment(s) was/were sufficient for approval	
by	ting group)	
fvo	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and	shareholder
Dated <u>August 28</u> Signature <u>Lo<i>men</i> /</u>	, 2018	
Signature Roman	bents	
(By a director, pres	sident or other officer – if directors or officers	
•	orporator – if in the hands of a receiver, trustory by that fiduciary)	e, or other court
	•	
<i>K O</i> ,	MAN BERENBLIT (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Diractor (Title of person signing)	
,,	(Title of person signing)	