

(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	∍ #)		
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R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Bid-Tech Medical Software, INC.
DOCUMENT NUMBER: PORODOZ/602
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BANNY GAINS BUY Name of Contact Person Bio-Tech Medical Software INC. Firm/ Company 3101 N. Federal Highway 5te 400 Address FT. Lac dudle FL 33306 City/ State and Zip Code Banny Gains buy e bio track THC. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Banny Gainsburg at (954) 559-6853 Mame of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

: !! : : r

Bio - Tech Medical Software 1500 H. Pil 1:54

(Name of Corporation as currently filed with the Florida Dept. of State) P08000021602 (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 <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 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: (City) (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 <math>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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	CFO EFRAIN VEGA	3101 N. Federal Hguy
XAdd		5 te 400
Remove		FT. Loudedily, FL 3330
2) X Change	CEO PATRICK VO	SAME
Add	Directon	
Remove		
3) Change	CED Struck Siegel	S Am
Add		
Remove	CHAIRMAD	
4) Change	Emeritus Steven Sizgel	SA me
X Add		
Remove		
5) Change	CTO Terrance J. Ferrano	SAM
Add		
X Remove	chief	
6) Change	Software Trynance J. Franke Architecht Trynance J. Franke	2S+n
Add	Age mout to	
Remove		

. If amen (Attach	ding or adding additional Art additional sheets, if necessary).	icles, enter change(s (Be specific)	s) here:		
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If an ar	nendment provides for an exc	hange reclassificati	on or cancellation	n af icenad charac	
provis	ions for implementing the ame	endment if not conta	ined in the amend	lment itself:	
	not applicable, indicate N/A)				
	V/A		<u> </u>		

				 ,	

The date of each amendmendate this document was signed	t(s) adoption:	August	26,	2015	, if other than th
Effective date <u>if applicable</u> :		N-1			
		(no more than 90 day	s after amen	dment file date)	
Note: If the date inserted in document's effective date on	this block does n the Department of	not meet the applicable 'State's records.	statutory fili	ng requirements, this	date will not be listed as th
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)			
☐ The amendment(s) was/we by the shareholders was/w			ber of votes	cast for the amendmen	ut(s)
☐ The amendment(s) was/we must be separately provide					ment
		ndment(s) was/were suf		proval	
by		ting group)		,,,	
	(voi	ting group)		*	
The amendment(s) was/we action was not required.				ler action and sharehol	lder
☐ The amendment(s) was/we action was not required.	ere adopted by the	incorporators without s	hareholder ac	ction and shareholder	
Dated	9-4-	2017	_		
		-	 ,		
Signature _		idant or other officer	:c a:	-0011	
(elected by an inco	ident or other officer — orporator — if in the hand	ii directors of ds of a receiv	r officers have not bee ver trustee or other co	II wrt
		by that fiduciary)	us of a receiv	or, trustee, or other co	· · · ·
	PATA	zたん V D (Typed or printed name			
	((1 yped or printed name	of person sig	gning)	
	Ct				
		(Title of per	son signing)		