P080000018107

(Re	equestor's Name)	
(Ac	ddress)	·
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(De	ocument Number)	.
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Amenda

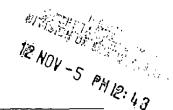
COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: Global Tender of CORPORATION: P08000068		tions, Inc.
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Jennifer R. Sa	ntangelo, Esq	uire
	Name of Contact Person	n
Law Offices of	Jennifer R. S.	antangelo, LLC
	Firm/ Company	
43 Denise Ct		
	Address	
Audubon, PA	19403	
	City/ State and Zip Cod	e
:	•	
jsantangelo@san	tangelolaw.co	<u>m</u>
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Jennifer Santangelo	at (267	532-1803
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\times \text{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	Street	Address
Amendment Section		lment Section
Division of Corporations P.O. Box 6327		on of Corporations Building
Tallahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Global Telehealth Solutions, Inc.

(Name of Corporation as currently filed w P08000068107	ith the Florida Dept. of State	2)	
(Document Number of Corp	oration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statitis Articles of Incorporation:	ates, this <i>Florida Profit Corpo</i>	ration adopts the following amendm	nent(s) to
A. If amending name, enter the new name of the corpor	ation:		
	<u></u>	The ne	
name must be distinguishable and contain the word "co"Corp., "Inc.," or Co., " or the designation "Corp." "Inword "chartered," "professional association," or the abbre	nc," or "Co". A professiona	"incorporated" or the abbreviation of the corporation name must contain the corporation name must contain the corporation is the corporation of th	in he
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></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 o new registered agent and/or the new registered office	ffice address in Florida, ente e address:	r the name of the	
Name of New Registered Agent			
	Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the o	bligations 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.

<u>X</u> Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Eneida Roldan	146 Isla Dorada Blvd.
Add			Coral Gables, FL 33143
X Remove			
2) Change	SD	Renier Cruz	300 Sevilla Ave., #301
Add		•	Coral Gables, FL 33134
X Remove			
3) X Change	EVD	David Hold	3900 Island Blvd., #103B
Add			Aventura, FL 33160
Remove			
4) Change	PCEOCFOD	Michael Miller	75 Milford Rd., Ste 201
X			Hudson, OH 44236
Remove	•		
5) Change			
Add			
Remove		,	
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself:
	·
<u> </u>	,

The date of each amendment(s) adoption: October 22, 2012	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated Octob	er 22, 2012
Signature	M W W I was a sire of the conficer of the conf
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	Michael Miller
	(Typed or printed name of person signing)
	President/Director
	(Title of person signing)