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COVER LETTER .

TO- Amendment Section
Division of Corporations
NAME OF CORPORATION: Trovotive Medical Technologies I DOCUMENT NUMBER: 910000027631
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Invotive Matical Technologies Inc. Firm/ Company 100 Starce St. 609 Address Chearwates HL 33756 City/ State and Zip Code Involved Code Ogman, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (8/3) 435-0772 Area Code & Davtime Telephone Number
· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

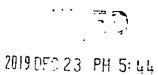
Mailing Address

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

Articles of Incorporation of



INNOVATIVE MEDICAL TECHNOLOGIES INC.

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

P10000027631

(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 w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or th	rp," "Inc," or "Co". A professio	The new or "incorporated" or the abbreviation onal corporation name must contain the
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL		me
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	30X)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent	tered office address in Florida, en ed office address:	iter the name of the
	(Florida street address)	
New Revistered Office Address:	(City)	, Florida (Zin Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.	egistered Agent: . I am familiar with and accept the	e obligations of the position
Sic	enature of New Registered Agent, it	f changing

(Attach additio Please note the	officer/di	rector titl	lè by th <mark>e</mark> fi				- n				-		
P = President; Executive Offic	V= Vice er: CFO	President = Chief i	t; T= Trea Financial	isurer; S≕ Officer - If	Secretary an office	y: D= Dii er/directo	rector; TR= r holds more	Trustee; (C = Chair	man or Cl	erk: CEO	= Chief	
held. President	, Treasure	r, Directi	or would b	e PTD.									
Changes should a change, Mike Mike Jones, V	: Jones lea	ives the c	orporation	ı. Sallv Sm	ith is nan	ohn Doe is ned the V	s listed as the and S. These	e PST and e should b	l Mike Jon e noted a:	es is listed S John Doe	l as the V. v. PT as a	There is Chanee.	
Example:	as Kemove	, ana sar	iy Sman, L	or us un Au	R2.								
X Change		PT	John Do	c									
X Remove		Y	Mike Jo	nes									
X Add		SV	Sally Sm	ith									
Type of Action (Check One)		<u>Title</u>		<u>Name</u>				<u>Addr</u>	<u>es</u> s				
1) 🔀 Chang	se PT	T. V.	SEK	Jes	5100	Day	nbas	10/10	20 4	ess	25/	600)
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2) 📐 Chang	e 9.7.	VP:	Sac.	5a	<u> </u>	17/) 25 _	100	Fa	rce.	51.	609)
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Add													
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5) Chang	c		_										
Add			-										
Remo	ve												
6) Chang	c		_										
Add													

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:

_ Remove

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary), (Be specific)	
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Same	
_ COTTLE	·
•	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
<u>provisions for implementing the amendment if not contained in the amendment itself:</u>	
(if not applicable, indicate N/A)	
	
S 222	
Same	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	·
(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, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	emeni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12-21-2019	
Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other c appointed fiduciary by that fiduciary)	en ourt
(Typed or printed name of person signing)	2510
(Title of person signing)	
Gessica Jambrosio	ı