P10000030394

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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JUL 2 6 2018

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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: SMART HEALTH CHOICE INC. BOCUMENT NUMBER: P10000030394
DOCUMENT NUMBER: P(00 00030 394
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RAMON DE TESUS HERNAUDEZ Name of Contact Person Shrit Health CHoice Troc. Firm/ Company 6923 NW 77th AVE Address LUIAMI FL-33166 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RAMON DE JESUS HEKUANDEZ at (786), 445-2200 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 Citton Building Cathon Building Cathon Building Cathon Building Cathon Building

Tallaliassee, FL 32301

Articles of Amendment Articles of Incorporation of

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HEAlth	C Haira	Tura

JOYAICI	Health	 -	
	(Name of Corporat	ton as currently	filed with the Florida Dept, of State)
	P100000	30 394	
	(Docu	ment Number of 0	'orporation (if known)

(Document Number of C	'orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
V/A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the 🦠
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	ν/ A
	72 S
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1/A 33 F
	50. 6
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent P/R	
(Florida stree	1 address)
New Registered Office Address: PA	ity) , Florida (Zip Code)
((Tty) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
L/A	

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:

 $P \neq President; V \equiv Vice President; T \equiv Treasurer; S \equiv Secretary; D \equiv Director; TR + Trustee; C \equiv Chairman or Clerk; CEO + Chief Executive Officer; CFO + Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Joh</u>	<u>ı Doc</u>	
X Remove	<u>Y</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
f) Change		Jose A. Santaun	6723 NW 77th AVR
_ <u>X_</u> Add			MiAmi FT-33166
Remove			
2) Change		IVAN GONZALOZ	6923 NW 77th Ave
X Add			Mixui FL-33166
Remove	,	Carles R. Gonzalez	6923 NW 77 th Ave
3) Change X Add		CARON IC. CONTROL	ae: Au FL-33166
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary). (B		<u>ere</u> :		
	P/A				
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					····
an amendment p	provides for an exchange	c, reclassification,	or cancellation of	issued shares,	
<u>provisions for imp</u> (if not applica	olementing the amendm ble, inducate N/A)	ent if not containt	d in the amendme	nt itself:	
· · · · · · · · · · · · · · · · · · ·	H/A				
					<u> </u>
					······································
· 					
<u> </u>					
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The date of each amendment(s) at date this document was signed.	option:, if oth	er than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be lipartment of State's records.	isted as
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	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 add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ade action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	2/18/2018	
(By a d	rector, president or other officer - it firectors or officers have not been	
	f, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
арроли	Ramon de Tesus Hernandez	
	(Typed or printed name of person signing)	—
	PRESIDENT.	
	(Title of person signing)	

the

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