# P110000046669

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	<del>≥</del> #)
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Amend

DEC 1 9 2012 T. BROWN

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

	WELLHE R: P110000460	ALTH MEDICA 669	AL,INC.
	Amendment and fee are su		A A A A A A A A A A A A A A A A A A A
Please return all correspond	ondence concerning this ma	tter to the following:	
	MA	ARIA C. RIVAS	
_		Name of Contact Person	
	WELL H	EALTH MEDIC	CAL,INC.
		Firm/ Company	
	8150 SW 8	STREET SU	ITE 219
	8.41.5.8.4	Address	24.4.4
_	IVIIAIVI	I, FLORIDA 33	
		City/ State and Zip Code	
		aacosta@yaho	
	E-mail address: (to be us	sed for future annual report r	notification)
For further information of	concerning this matter, pleas	se call:	
Marianitza	Gonzalez	at ( 305	299-9892.
Name of	Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depar	tment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & 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)
	ng Address	Street A	
	dment Section on of Corporations		nent Section of Corporations
	30x 6327	Clifton I	Building
Tallah	assee, FL 32314	2661 Ex	ecutive Center Circle

Tallahassee, Fl. 32301

## **Articles of Amendment Articles of Incorporation**



### WELLHEALTH MEDICAL INC.

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

#### P11000046669

(Document Number of Corporation (if known)

dment(s) to

n/a			The
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp," "Inc <mark>,</mark> " o	or "Co". A professional corporation	
B. <u>Enter new principal office address</u> (Principal office address <u>MUST BE A.S</u>		N/A	
C. Enter new mailing address, if app (Mailing address <u>MAY BE A POST</u>		N/A	
			the
new registered agent and/or the ne	w registered office add	ress:	the
	MARIANITZA	ress:	the
new registered agent and/or the ne	MARIANITZA ( 8150 Sw 8	Street Suite 219	
	MARIANITZA ( 8150 Sw 8 (Florida	GONZALEZ Street Suite 219	

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>	Name	<u>Addres</u> s
1) Change	V-P	Marianitza Gonzalez	8150 Sw 8 Street Suite 219
X Add			Miami, Florida 33144
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			•
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	(se apeants)
<del> </del>	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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11/01/2012 The date of each amendment(s) adoption: 11/01/2012 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement* must be separately provided for 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 The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Maria C. Rivas (Typed or printed name of person signing) President/ Owner. (Title of person signing)