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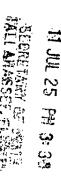
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#### **COVER LETTER**

TO: Amendment Section, **Division of Corporations** NAME OF CORPORATION: VMG Healthcare Consultants, Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michele S Sutherland
Name of Contact Person Olphin Street Breeze FZ 32561
City/State and Zip Code For further information concerning this matter, please call: S Sutherland at (310) 480-1919

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & \$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address Amendment Section** Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

#### **Articles of Amendment**

to

### **Articles of Incorporation**

MG Healthcare Consultants, Inc

(Document Numb	per of Corporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Fi	lorida Profit Corporation a	adopts the follow	ving
4. If amending name, enter the new name of	the corporation:	•	4	
VELOCITY MAde Good, J	ENC.	•	The new	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "professionable must contain the word "chartered,"	designation "Corp," "Inc	e," or "Co". A professiona	rated" or the	
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<i>E BOX</i> )	,	M JUL 25 PH	李台
). If amending the registered agent and/or re	gistered office address in	n Florida, enter the name of	of the	f.
new registered agent and/or the new regist	ered office address:		<u>μ</u> ω	
Name of New Registered Agent:				
New Registered Office Address:	(Florida street a	ddress)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing hereby accept the appointment as registered ag		nd accept the obligations of	the position.	
Cir	mature of New Registered	Agant 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)

Tit	<u>tle</u>	Name	Address	Type of Action
	<del></del>			☐ Add ☐ Remove
	· <del>····</del>			☐ Add ☐ Remove
		<del></del>		☐ Add ☐ Remove
		g or adding additional Articles, enter christonal sheets, if necessary). (Be specific		
F.	provisions	ndment provides for an exchange, reclassifier implementing the amendment if no applicable, indicate N/A)		

The date of each amendment(s) adoption:					
Effective data if awalisable	(date of adoption is required)				
Effective date if applicable:	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.				
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):				
"The number of votes c	east for the amendment(s) was/were sufficient for approval				
by	(voting group)				
•	(voting group)				
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder				
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder				
Dated	7-21-2011				
(By a selec	Michele S Sutherland  a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)				
	Michele S. Sutherland (Typed or printed name of person signing)				
	President (Title of person signing)				