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JUN 2 7 2018 S. YOUNG

18 JUN 25 PH %: IS SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Affinity Care Netv	vork, Inc.	
DOCUMENT NUMB	ER: P12000005017		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Lars Altman		
•	• •	Name of Contact Person	n
	Affinity Care Network, Inc.		
-		Firm/ Company	
	2600 S. Ocean Blvd., Apt. 16	5D	
•	·	Address	
	Boca Raton, Florida 33432		
-		City/ State and Zip Cod	e
larsalt	man@gmail.com		
	~ -	sed for future annual report	notification)
For further information Lars Altman	concerning this matter, pleas	se call:at (302-8398
Name o	f Contact Person	at (Area Co	de & Daytime Telephone Number
	the following amount made \$43.75 Filing Fee &	payable to the Florida Depa	artment of State: □\$52.50 Filing Fee
	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

(Name of Corporati	as currently filed with the Florida Dept. of State)
P1200005017	The state of the s
(Docum	nt Number of Corporation (if known)
tursuant to the provisions of section 607,1006, Florida s Articles of Incorporation;	Statutes, this Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the co	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
3. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET ADI</u>	RESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	FILED IN 25 PH 1: 18 SECRETARY OF STATE ALLAMASSEL FLORIDA
 If amending the registered agent and/or registered new registered agent and/or the new registered 	
Name of New Registered Agent	ince audiess.
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered agent	tered Agent: am familiar with and accept the obligations of the position.
пологу месері те арухіншет из гедізіста адет.	ма учения жан час честре ть vinigations of the position.
Sim	100 of Nine Businessel Agent if alarming

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: XChange	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	Lars Altman	1901 Brickell Ave.
XAdd			Apt. B1712
Remove			Miami, FL 33129
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary),	(Be specific)			
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		7.5		
	-			
f an amendment provides for an excl	hange, reclassification, e	or cancellation of iss	ued shares,	
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained	d in the amendment	<u>itself:</u>	
(9 194,				
				
	-			
				
	-	.		

	6/11/2018	
The date of each amendment(s date this document was signed.) adoption:	_, if other than the
date tiils document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.	
	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	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
■ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
6/11/20	18	
Dated Signature	Lu alter	
sele	a director, president or other officer – if directors or officers have not been seted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	_
	Lev Altman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	-