## PSOOSOOSOS

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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7018 DEC - 3 PM 3: 10 SECRETARY OF STATE TALLAMASSEE, FL

R. WHITE DEC 0 7 2018

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ChillEN MEDIC INC					
DOCUMENT NUMBER: P12000070024					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
DAVIDE LAMPI JR Name of Contact Person					
Chillan MEDIC INC.					
2745 INDUSTRY CENTER Rd STE.7					
ST. Augustine, R 32084 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
DAUID F. CAMP at (964) 814-9446  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:					
\$35 Filing Fee					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

## Articles of Amendment

to Articles of Incorporation

FILE	D
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of	' 'LED
ChillEr MEDIC,	INC. 2018 DEC-3-PH 3
(Name of Corporation as currently filed v	with the Florida Dept. of State 7 3: 11
P17000070024	TALLANY SESTATE
(Document Number of Corpor	ration (if known)
dursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida</i> is Articles of Incorporation:	Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "co Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A cord "chartered," "professional association," or the abbreviation "P.A."	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )	
<del></del> -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  57.	745. Industry CENTER Rd, S Augustinz/FC 32084
). <u>If amending the registered agent and/or registered office address in F</u>	Clarida, enter the name of the
new registered agent and/or the new registered office address:	AUTHOR CHICAGO CONTRACTOR CONTRAC
Name of New Registered Agent	
2745 INOUSTRY C	ENTER Rd, STE 7
New Registered Office Address: St. Augustins	. Florida 32.084 (Zip Code)
Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and	Laccept the obligations of the position
The second secon	an exp. in suragaining of the position.
Signature of New Registere	ed 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 = 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.

Mike Jones, V as Keme	ove, and Sally	Smun, SV as an Ada.	
Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	TERESA LAMPP	2745 INDUSTRY CINTEL RO
Add Remove			STE 7 ST. Augustin 2 FC 32084
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)
•	
If an amondmor	nt provides for an exchange, reclassification, or cancellation of issued shares,
provisions for	implementing the amendment if not contained in the amendment itself:
(if not appl	licable, indicate N/A)
<del></del>	
	<del></del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del> </del>
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
<b>Note:</b> 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 amendment by the shareholders was/were sufficient for approval.	it(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):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature  (By a director, president or other officer – if directors or officers have not been directors or officers have not been directors or officers.)	
Signature	
selected, by an incorporator – if in the hands of a receiver, trustee, or other co	
appointed fiduciary by that fiduciary)	
DAVIA (AMAP	
(Typed or printed name of person signing)	
$\overline{\mathcal{D}}$	
Trzsident	<del></del>
(Title of person signing)	