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(((H17000239132 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN DYNAMIC BILLING AND THERAPY SOLUTION INC.

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September 6, 2017

FLORIDA DEPARTMENT OF STATE

DYNAMIC BILLING AND THERAPY SOLUTION INC.

2519 SW 18TH ST
MIAMI, FL 33145

SUBJECT: DYNAMIC BILLING AND THERAPY SOLUTION INC. REF: P13000009572

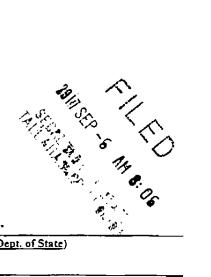
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Period after (Inc)

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Irene Albritton Regulatory Specialist II FAX Aud. #: H17000239132 Letter Number: 317A00018332



## Articles of Amendment to Articles of Incorporation of

## DYNAMIC BILLING AND THERAPY SOLUTION INC.

			.*
(Name	of Corporation as current	ly filed with the Florida Dept. of State)	
	P1300000	9572	
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006. Fiorida Statutes, this	Florida Profit Corporation adopts the following am	icndment(s)
A. If amending name, enter the new n	ame of the corporation:		
N/A		<b>-</b>	
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "	on," "company," or "incorporated" or the abbra "Co". A professional corporation name must conte	new viation = ain the
B. Enter new principal office address,	 _if_applicable:	505 NW 128 AVE	
(Principal office address MUST BE A S		MIAMI, FL 33182	
C. Enter new mailing address, if appl	ica blas		
(Mailing address MAY BE A POST	OFFICE BOX)	505 NW 128 AVE	
		MIAMI, FL 33182	
D. If amending the registered agent ar new registered agent and/or the ne Name of New Registered Agent	W registered office address	<u>:</u>	
	505 NW 128 AVE		
New Registered Office Address:	(Florida sir	Florida 33182	
CONTRACTOR OF THE PROPERTY.		(Ciry) (Zip Code)	
New Registered Agent's Signature, if	thanging Registered Agent		
r neredy accept the appointment as regis	Tan jamiliar	with and accept the obligations of the position.	
	Signaluly of Now!	Registered Agent, if changing	

(Attach additional sh Please note the office	cets, if nece er/director to	issary) itle by the fi	rst letter of the office title:		
P = President; V = V	'Ice Preside	nt: T= Tree	surer; S= Secretary; D= Director;	TR= Trustee: C = Chairman or Clerk:	: CEO = Chief
held. President, Trea	FO ≃ Chiej Swer Diwe	Financial	Officer. If an officer/director holds	more than one title, list the first letter	of each office
Changes should be n	oted in the j	following in	anner. Currently John Doc is listed	as the PST and Mike Jones is listed as	the V. Thore is
a complete total	i teavez me	corporation	n, Sauy Smun is namea the v and 3.	These should be noted as John Doc. Pi	Tas a Change
Mike Jones, V as Ren Example:	nove, and So	ally Sinith, S	SV as an Add. :		_
X Change	PT	John Do	 		•
			11		
X Remove	<u>v</u>	<u>Mike Jo</u>	<u>ncs</u> 		
<u>X</u> Add	<u>\$Y</u>	Sally Sir	iith		
Type of Action	Title		II <u>Name</u>	<u>Address</u>	٠, ٢
(Check One)				-	• • •
l)Change	PD	<del></del>	ARNULFO VAZQUEZ SR	505 NW 128 AVE	
XAdd				MIAMI, FL 33182	
Remove					<del></del>
				· ·	
2) Change	PD ——	<u>.                                    </u>	ARNULFO VAZQUEZ JR.	4700 NW 7TH STREET #9-11	( <del></del>
Add				MIAMI, FL 33126	
X Remove					<del>_</del>
3)Change			İ		
Add					<del></del>
Remove				<del></del>	<del></del>
4) Change					
Add					
D					
Remove					•
5) Change					
		<del>-</del>			
Add				<del></del>	<del>_</del>
Remove					<del></del> ,
n Change					
•					<del></del>
Add				<del>-</del>	_
Remove			li.		

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:

(Assach additional sheets, if necessary)

(Attach additional sheets, if necessary).	(Be specific)
NONE	
	;
	]
If an amendment provides for an excha	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amending the amending the applicable, indicate N/A)	dment if not contained in the amendment itself:
RNULFO VAZQUEZ JR. ( 0 SHARES)	
NULFO VAZQUEZ SR. ( 100 SHARES)	<u> </u>
-	
	1

The data of such as a		SEPTEMBER 05, 2017	
The date of each amendment( date this document was signed.	s) adoption:	if of	ther than the
Effective date if applicable:	SEPTEMBE	R 05, 2017	
		(110 more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	iis block doc Department	s not meet the applicable statutory filing requirements, this date will not be of State's records.	listed as the
Adoption of Amendment(s)	(2)	CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	adopted by t a sufficient fo	he shareholders. The number of votes east for the amendment(s)	·
The amendment(s) was/were must be separately provided	approved by for each voti	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes o	ast for the an	 	•
by			
	ŕ	oting group)	
action was not required.		board of directors without shareholder action and shareholder	
action was not required.	adopted by th	incorporators without shareholder action and shareholder	
SEPTE Dated	MBER 05, 20	0)7	
Signature	Cyr	heefo Magrotte	
5015	xced, by an y	resident or other officer - if directors or officers have not been acorporator - if in the hands of a receiver, trustee, or other court any other fiduciary)	
		ARNULFO VAZQUEZ SR	
		(Typed or printed name of person signing)	_
		PRESIDENT	
		(Title of person signing)	-