P13000027942

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. 300, 780-50, 50 s. 50

Amend 104.14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: REJUVE DOCUMENT NUMBER: P13000027		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
BRIAN BLAC	CK	
REJUVE HE	Name of Contact Person ALTH CLINICS, INC.	
500 G	Firm/ Company	
530 S. RONALD	REAGAN BLVD, SUITE 116	
LONGWOOD	O, FL 32750	
	City/ State and Zip Code	
	k@yahoo.com	
E-mail address: (to be t	used for future annual report notification)	
For further information concerning this matter, plea	ase call:	
BRIAN BLACK	at (321) 277-2860	
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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

REJUVE HEALTH CLINICS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
P13000027942

(Document Number of Corporation (if known)

nt(s) to

me must be distinguishable and contai Forp.,'' "Inc.,'' or Co.,'' or the designati rd "chartered,'' "professional associatio	ion "Corp," "Inc," or	ion," "company," or "incorporated" or th "Co". A professional corporation name m "P.A."
Enter new principal office address, if rincipal office address MUST BE A STR		N/A
		 N/A
		IV/A
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
(Mailing address MAY BE A POST OF	FFICE BOX) or registered office ac	dress in Florida, enter the name of the
Mailing address MAY BE A POST OF f amending the registered agent and/ new registered agent and/or the new r	FFICE BOX) or registered office ac	dress in Florida, enter the name of the
Mailing address MAY BE A POST OF f amending the registered agent and/or the new registered agent and/or the new registered agent.	FFICE BOX) or registered office acceptstered office address	dress in Florida, enter the name of the
Mailing address MAY BE A POST OF f amending the registered agent and/ new registered agent and/or the new registered agent ag	or registered office ac registered office addr N/A	dress in Florida, enter the name of the
(Mailing address MAY BE A POST OF If amending the registered agent and/ new registered agent and/or the new r	or registered office ac registered office addr N/A	dress in Florida, enter the name of the ss:

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 Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	N/A		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

A/N (if not applicable, indicate N/A) provisions for implementing the amendment if not contained in the amendment itself: F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, 250,000,000 to 25,000,000. Par value remains the same, \$0.001 shares the corporation is authorized to issue needs to be amended and changed from Under Article IV of the Articles of Incorporation filed on March 26, 2013, the number of

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 01/13/2	2014	
Dated	-> Ma	
Signature		
(By a d selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	BRIAN BLACK	
	(Typed or printed name of person signing)	
	CEO, PRESIDENT AND SECRETARY	
	(Title of person signing)	