P130000 46021

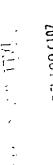
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: DRIGINS FAMILY Medical & Weight Loss Clinic Inc DOCUMENT NUMBER: P130000 46021
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nettie Davis, Inc. 922 SW Baya Dr. Lake City, FL 32025 Firm/ Company
Address
City/ State and Zip Code
Nettie davisine annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NeHie DAVis at (386) 752 4576 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

of	1
ORIgiNS FAMILY Medical	Weight Loss Clinic INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
P13 0000 4 L	021
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	597 NW FAIRWAY DR
	0:1
	LAKE City F1 32055
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent DSAMANde	S. Izeivamu
The state of the s	
(Florida stree	u addrzes)
·	
New Registered Office Address: 597 NW FA	iRWAY Dr. Florida 32025
LAKE Cit	City) F Cip Code)
New Registered Agent's Signature, if changing Registered Agent:	201
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
$C \wedge O \wedge$	
(At	· comment
Signature of New Res	gistered Agent, if changing
Signam E by Teen Meg	5

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PID	Thomas, DRANG &	206 S. MARION AVE
Add			LAKE (ity F1 32021
<u> </u>			
2) Change	D	Thomas, KARENK	667 SE BUULGION LAKE City F1 32056
Kemove			
3) Change	5/-	Thomas, KARENK	667 SE Buck G/N LAKE City F132056
Add Remove			THE CITY FI Sau
4) Change Add	<u>P</u> _	Izeiyamu, Dsay Ande S.	S97 NW FAIRWAY DR LAKE City F1 32055
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)		
	-		
			_
			
			-
			
			<u>-</u> -
			<u> </u>
	-		
<u> </u>			
	· -		- -
f an amendment provides for an excl	nange, reclassification, or ca	ncellation of issued shares,	
provisions for implementing the ame	nange, reclassification, or ca ndment if not contained in t	ncellation of issued shares, he amendment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or ca ndment if not contained in t	ncellation of issued shares, he amendment itself:	
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provisions for implementing the ame	nange, reclassification, or candment if not contained in t	ncellation of issued shares, he amendment itself:	

The date of each amendment(s) ad date this document was signed.	ption: Systember 4, 2019
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as tartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado- by the shareholders was/were suf	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):
"The number of votes east f	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopaction was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoption was not required.	ed by the incorporators without shareholder action and shareholder
Dated 9/4	2019
Dated // 9	\sim
Signature (And the second s
(By a di	ctor, president or other officer - if directors or officers have not been
selected	by an incorporator - if in the hands of a receiver, trustee, or other court
appointe	l fiduciary by that fiduciary)
-	(Typed or printed name of person signing)
-	Osagande S Izeiyamu President (Title of person signing)