P1300048195

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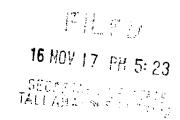
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Extreme Sports Me	edicine & Rehabilitation In	с.		
DOCUMENT NUM	D12000040105				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Sean Williams				
		Name of Contact Person	n		
	Extreme Sports Medicine & Rehabilitation Inc.				
		Firm/ Company			
	4393 SW 130th Ave				
		Address	· · · · · · · · · · · · · · · · · · ·		
	Davie, Fl. 33330				
		City/ State and Zip Cod	e		
cean	51916@gmail.com				
	_	sed for future annual report	notification)		
	L-mail address. (to be de	sat for future annual report	nouncationy		
For further information	n concerning this matter, pleas	se call:			
Sean Williams		054	665 7226		
		at (
Name	Name of Contact Person Area Code & Daytime Telephone Number		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327	Amend Division Clifton	Address Iment Section on of Corporations Building		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Extreme Sports Medicine & Rehabilitation Inc.

P13000048195				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, ts Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s		
A. If amending name, enter the new na	ame of the corporation:			
N/A		The new		
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		14125 NW 80th Avenue, Suite 203		
		Miami Lakes, Fl. 33016		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
D. If amending the registered agent ar	ıd/or registered office ad	dress in Florida, enter the name of the		
new registered agent and/or the ne	w registered office addre	ess:		
Name of New Registered Agent	N/A			
· · · · · · · · · · · · · · · · · · ·	N/A			
	(Florida .	street address)		
New Registered Office Address:	N/A	. Florida ^{N/A}		
		(City) (Zip Code)		
New Registered Agent's Signature, if c		nt: r with and accept the obligations of the position.		
nercoy accept the appointment to regul	erea ugem. Tam jamma	with and accept the obligations of the position.		
	Signature of New	Registered 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 <math>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 Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>A</u>	ddress	
1) Change	N/A	N/A		N/.	A	
Add						
Remove						
2) Change		 				
Add				<u></u>		
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)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
Sylvia Williams has sold corporate shares to Sean Williams. Sean Williams is now 100% shareholder of all 100 shares of
Extreme Sports Medicine & rehabilitation Inc.

• •	11/01/2016	
The date of each amendment(s date this document was signed.) adoption:	, if other than th
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	s block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as th
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 amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s	
	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 action a	eholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehold	der
11/01/20	016	
DatedSignature	Applement	
	a director, president or other officer – if directors or officers have not	been
sele	cted, by an incorporator - if in the hands of a receiver, trustee, or other	
арр	pinted fiduciary by that fiduciary)	
	Sean Williams	
	(Typed or printed name of person signing)	.
	President/ Owner	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·