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2017 SEP 29 \$3110: 4:

COVER LETTER

O: Amendment Section Division of Corporations	7				
DOCUMENT NUMBER: \$1300080123	•				
The enclosed Articles of Amendment and fee are submitted for filing.					
lease return all correspondence concerning this matter to the following:					
Name of Contact Person AMIGO Chiropra Chi, Inc Finn/ Company 9/01 Lakeridge Blud, Ste 23 Address Boca Raton Fl 33494 City/ State and Zip Code Lucile/123@gmail.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
15A Huffman at (561) 314-45 75 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					

Amendment Section
Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Articles of Amendment Articles of Incorporation



Amigo Chiropractic	Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P130000 80123	**************************************
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this Frits Articles of Incorporation: A. If amending name, enter the new name of the corporation:	dorida Profit Corporation adopts the following amendment(s) to
13. If amending maine, enter the new maine of the corporation.	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Coword "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	o". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

t hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 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.

X Change	<u>PT</u> Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 .		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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If an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: $\frac{e/2/7}{7}$, if other than the
Late this document was signed. Ciffective date if applicable: $0/12/17$.	
Effective date if applicable: (1) (2) (7) (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date willocument's effective date on the Department of State's records.	ll 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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/25/17	
Signature	
(By a director, 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	
appointed fiduciary by that fiduciary)	
LISA HUFFMAN, DC	
(Typed or printed name of person signing)	
- President	
(Title of person signing)	