## P14000038210

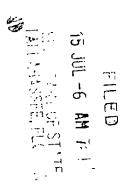
(Re	equestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ΓΙΟΝ: Allgenic Health &	Wellness, Inc.		
DOCUMENT NUMBER		10 W AAA AM		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
Ra	ndy Rosa, Esq.			
	T.	Name of Contact Person	1	
Go	oldman & Rosa, P.A.			
<del></del>		Firm/Compone		
10	Firm/ Company 1000 Seminole Dr., Ste. 500			
		Address		
Fo	Fort Lauderdale, Florida 33304			
		City/ State and Zip Cod	e	
randy@c	oldmanrosa.com			
		sed for future annual report	notification)	
	E-man address. (to be ds	sed for future armidal report	normeation)	
For further information co	oncerning this matter, pleas	se call:		
Randy Rosa		954	565-4311	
-	Contact Person	at (954	)	
Name of C	contact Ferson	Alea Co	de & Daytime Telephone Number	
Enclosed is a check for the	e 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)	
Amendi Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

Allgenic Health & Wellness, Inc.

- Triggino Troutin & Trenings, Inc.	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P14000038210	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ooration:
Allgenic Health and Wellness, Inc.	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	ESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
	·
New Registered Office Address	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:
I hereby accept the appointment as registered agent. I a	im familiar with and accept the obligations of the position.
Signatu	we 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 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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			<del></del>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Character			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dding additional A sheets. if necessary,	(Be specific)			
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<u>f an amendmen</u>	provides for an ex	change, reclassifice	tion, or cancellati	ion of issued share	<u>s,</u>
provisions for in	nplementing the an	<u>iendment if not cor</u>	ntained in the ame	ndment itself:	_
(if not appli	cable, indicate N/A)				
		<del></del>			
<b>-</b> .					
<del>-</del> .					
		<u></u>			

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ts, this date will 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) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followin must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	hareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	nolder
Signature  (By a director, president of other officer — directors or officers have	
Signature	
(By a director, president of biller officer— directors or officers have selected, by an incorporator— if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	not been other court
GOR BARSKY	
(Typed or printed name of person signing)	
Officer	
(Title of person signing)	