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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN THERAPEUTIC OF PINECREST INC

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: THERAPEUTIC	OF PINECREST INC	
DOCUMENT NUMB	ER:P14000079210		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	JINLIAN YE		
-		Name of Contact Person	
	THERAPEUTIC OF PINE	CREST INC	
-		Firm/ Company	,
	2500 SW 37TH AVE		
	~	Address	
	CORAL GABLES, FL 33	134	
		City/ State and Zip Code	•
	YUNICHEN@YAHOO.C	ОМ	
	E-mail address: (to be us	ed for future annual report	notification)
	n concerning this matter, pleas		767-9777
JINLIAN YE		at (305) 767-9772
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 eassee, FL 32303

Articles of Amendment to of

Articles of Incorporation THERAPEUTIC OF PINECREST INC (Name of Corporation as currently filed with the Florida Dept. of State) P14000079210 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.." or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 (Florida street address) New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	John Doe	
		Mike Jones	
X Remove	<u>v</u>		
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	KAI LIN TANG	2500 SW 37TH AVE
X Add			CORAL GABLES ,FL 33134
Remove		•	
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ticles, enter change((Be specific)			
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ovisions for implementing the ar	mendment if not con	tained in the amen	dment itselt:	

The date of each amendment(s) ad	10/29/2021 option:	_, if othe	r than t
date this document was signed.	· · · · · · · · · · · · · · · · · · ·		
	/29/2021		
Effective date if applicable:	(no more than 90 days after amendment file date)		_
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be lis	sted as
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and	l sharehold	ler
 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.	₹.	
must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	EGRETA! LLAHAS	2021 OCT 29
JINLIAN YE		- SE(?`	õ
by	(voting group)	OF STATE	AM II: Ou
10/29/2021 Dated	·	RIDA	10
Signature	XO		
selected	rector, 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 led fiduciary by that fiduciary)		
	JINLIAN YE		
	(Typed or printed name of person signing)		_
	PRESIDENT		
	(Title of person signing)		_

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