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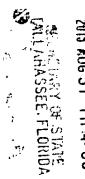
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SEP 02 2015 A RAMSEY

COVER LETTER ···

TO: Amendment Section Division of Corporation
NAME OF CORPORATIO

is in control of control of	
NAME OF CORPORATION: Elevation P150 00	on Health Miani Gardens, Inc.
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Day	Name of Contact Person
	Firm/ Company
1401 NW	122 Ave.
Plantation	Address Address City/ State and Zip Code
	City/ State and Zip Code
	g mail · Com sed for future annual report notification)
For further information concerning this matter, pleas	se call:
David Yachter	at (95 H) 8 17-6 200 Area Code & Daytime Telephone Number
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	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of			
Elevation Health Mic	ami Gar	deus, Inc.	FILE	Ū
(Name of Corporati	on as currently	filed with the Florid		Mark to man
P 150 00	070421	D		PM 4: 06
(Досип	nent Number of C	Corporation (if know	D. O. C.	X STATE
Pursuant to the provisions of section 607.1006, Floridats Articles of Incorporation:	a Statutes, this Fi	orida Profit Corpo	ALLAHASSEE tion adopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the co	orporation:			
N/B				The new
name must be distinguishable and contain the wor "Corp.," "Inc" or Co.," or the designation "Corp. word "chartered," "professional association," or the	o," "Inc." or "C	o". A professional		the abbreviation
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or register	red office addre	N/A	the name of the	
new registered agent and/or the new registered	office address:			
Name of New Registered Agent	V/A			<u> </u>
	(Florida stree	t address)		
New Registered Office Address:			, Florida	
New Registered Office Address.	((City)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		th and accept the ob	ligations of the pos	ition.
Sigr	nature of New Re	gistered Agent, if ch	unging	

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> <u>John</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> . <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>V. </u>	Indya Denson	1401 NW 122 AVE
Add			Plantation, FL 33323
<u>X</u> Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Remove			

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

The date of each amendment(s) adoption: date this document was signed.	August 28, 2015	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	not meet the applicable statutory filing requirements, 'State's records.	this date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the amend approval.	lment(s)
	e shareholders through voting groups. The following group entitled to vote separately on the amendment(s	
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
by	·.	
(voi	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	reholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	lder
Dated August	28, 2015 mr/ 1	
Signature	4000	
(By a director, pres	sident or other officer – if directors or officers have no orporator – if in the hands of a receiver, trustee, or oth y by that fiduciary)	
	David Vachter (Typed or printed name of person signing)	
	President (Title of person signing)	