## P15000083192

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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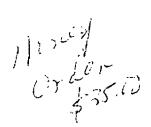
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2019 CGT - 7 FG 5: 00

Amend

OCT 08 2019 LALBRITTON





September 20, 2019

YELINDO R. MARTINEZ 1793 W 37TH ST STE. 10 HIALEAH, FL 33012

SUBJECT: MY HEALTH SOLUTIONS INC

Ref. Number: P15000083192

We have received your document for MY HEALTH SOLUTIONS INC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 519A00019471

## Articles of Amendment to . Articles of Incorporation of

## MY HEALTH SOLUTIONS INC

(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followits Articles of Incorporation:	owing amendment(s
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following	owing amendment(s
	owing amendment(s
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or th Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name m 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:	2019 (
(Mailing address MAY BE A POST OFFICE BOX)	
. 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:	5: 00
Name of New Registered Agent	<u> </u>
(Florida street address)	
New Registered Office Address: , Florida (City)	<u> </u>
(City)	Zip Code)
·	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positi	on.

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	YELINDO R MARTINEZ	1793 W 37 ST STE 10
Add			HIALEAH FL 33012
Remove			
2) Change			
Add			<del></del>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change	e(s) here:
ttach additional sheets, if necessary). (Be specific)	·
	<u> </u>
	<del></del>
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•	
•	
an amendment provides for an exchange, reclassifica	ation, or cancellation of issued shares,
rovisions for implementing the amendment if not con	ntained in the amendment itself:
(if not applicable, indicate N/A)	
<del></del>	

• • • • •	09/09/2019	* * * * * * * * * * * * * * * * * * * *
The date of each amendment(s) a	doption:	, if other than th
date this document was signed.	• • •	
	9/2019	
Effective date <u>if applicable</u> :	1 00 1 6	Glo data
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requestrment of State's records.	uirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast fo ufficient for approval.	r the amendment(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The reach voting group entitled to vote separately on the a	e following statement mendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval	l
by		n 
	(voting group)	
The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder act	tion and shareholder
☐ The amendment(s) was/were a action was not required.	lopted by the incorporators without shareholder action a	and shareholder
09/09/20 Dated Signature	19	
(By a select	director, president or other officer - if directors or officed, by an incorporator - if in the hands of a receiver, tranted fiduciary by that fiduciary)	cers have not been ustee, or other court
	YELINDO R MARTINEZ	
	(Typed or printed name of person signing	)
	PRESIDENT	
	(Title of person signing)	