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JUN 2 9 2017 S. YOUNG



## COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: _	LIBERTY	HEALTH SOLUT	ions INC		
DOCUMENT NUMBER: P15 DOOD 92 534					
The enclosed Articles of Amendme	nt and fee are sub	mitted for filing.			
Please return all correspondence co	ncerning this mat	er to the following:			
	Mich	ALL WILL			
		Name of Contact Person	n		
	W	FP LAW			
<u>.                                    </u>		Firm/ Company			
	1250 S	PINE ISLAND R	6 STE 2017		
		74G(0.03)			
	Plant	ANDN FL 333	24		
<del></del>		City/ State and Zip Cod			
	Μ ω	ILD & WFPLAN	l com		
E-mail		ed for future annual report			
For further information concerning	this matter, please	e call:			
Michae Wie	-D	at 954	de & Daytime Telephone Number		
Name of Contact Pe	rson	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following	ig amount made p	ayable to the Florida Depa	urtment of State:		
	5 Filing Fee & Teate 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)		
Mailing Address			Address		
Amendment Section Division of Corporations		Amendment Section			
P.O. Box 6327	orations	Division of Corporations Clifton Building			
Tallahassee, FL 32314			Executive Center Circle		
		Tallahaesoo FL 32301			

## Articles of Amendment Articles of Incorporation

HEALTH SOLUTIONS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P 150000 9 2 \$ 3 4
(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corpor	ration:	$T_{loc}$	Hen
name must be distinguishable and contain the word "e"Corp." "Inc.," or Co.," or the designation "Corp." "word "chartered," "projessional association," or the abb	Inc." or "Co". A professional corporat	rated" or the abbrevi	iatio
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			July 23
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		e of the	
Name of New Registered Agent			-~ (1)
	(Florida street address)		
New Registered Office Address:	rCnyr	Florida(Zip Code)	
New Registered Agent's Signature, if changing Register the hereby accept the appointment as registered agent. I am		of the position,	

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; I-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> John	n Doe	
$\underline{X}$ Remove	<u>V</u> <u>Mık</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	<u>y Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	_D_	BURGOS ENRIQUE	
Add			
_X Remove			
2) Change	<u>D</u>	SELDICK DANIEL	
Add			
_X_ Remove			
3) Change	_D	EBR CONSULTING CORP LLC	
_X_ Add			Ħ 501
Remove			COLUMNIT (RECK h 33073
4) Change	<u>D</u>	DANIEL SELVICK LLC	4508 Danson Wry
_X_ Add			DELRAY BENEH FL 3344
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

retaun <i>aaatiional S</i>	ding additional Articles, enter change(s) here: theets, if necessary). (Be specific)
	neets, if necessary). — (Be specific)
_	
If an amendment	provides for an exchange, reclassification, or cancellation of issued shares,
<u>provisions for im</u>	plementing the amendment if not contained in the amendment itself:
(if not applice	ible, indicate N/A)
<del></del>	

The date of each amendment(s) adoption:	f other than th
· · · · · · · · · · · · · · · · · · ·	
Effective date if applicable:  (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 will not document's effective date on the Department of State's records.	be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
☐ 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	
(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)	
(Typed or printed name of person signing)	
(Title of person signing)	