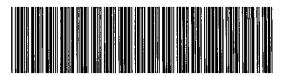
## P16000030217

(Re	equestor's Name)			
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Special Instructions to	Filing Officer:			
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

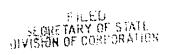
P.O. Box 6327

Division of Corp	orations			
NAME OF CORPO	RATION: NUKLEUS TECH	NOLOGY INC		
DOCUMENT NUM	BER: P16000030217	·	,	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	MANUEL RIVERO			
		Name of Contact Person	1	
		Firm/ Company		
	1313 PONCE DE LEON BL	VD SUITE # 201		
		Address		
	CORAL GABLES, FL 33134	1		
		City/ State and Zip Code	e	
MRI	VERO@MLRIVERO.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
				,
For further information	on concerning this matter, pleas	e call:		
MANUEL RIVERO		at ( 305	443-8500	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	_
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee  Certificate of Status  Certified Copy (Additional Copy is enclosed)	
	niling Address nendment Section		Address Iment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building



2016 JUL 12 PH 4: 16

## Articles of Amendment to Articles of Incorporation of

	rporation as currently filed with the Flor	ida Dept. of State)
P16000030217		
	(Document Number of Corporation (if know	wn)
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name o	f the corporation:	
MEDICAL KNOWLEDGE TECHNOLOGY	INC	The new
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professiona	"incorporated" or the abbreviation l corporation name must contain the
B. <u>Enter new principal office address, if ap</u> Principal office address <u>MUST BE A STREE</u>		
(Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or	registered office address in Florida, enter	r the name of the
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enteristered office address:	
D. If amending the registered agent and/or	registered office address in Florida, enter	
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enteristered office address:	
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter	

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>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		<del>-</del>	
Add			
Remove			
2) Change			
Add			
Remove		•	
3) Change			
Add			<del></del>
Remove			
4) Change			
Add	·-·		
Remove		•	· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
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	an exchange, reclassification.	or cancellation of issued s	nares.	
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SEQUETARY OF STATE

## 2016 JUL 12 PM 4: 16

Effective date if applicable	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
	n this block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records.
Adoption of Amendment(s	(CHECK ONE)
The amendment(s) was/v by the shareholders was/	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	vere approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
☐ The amendment(s) was/v action was not required.	were adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/v action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated	07/05/2016 Aberto lo le
Signature	
	(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)
	ALBERTO SOLE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of nerson signing)