## 10000061997

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phone	<del>; #)</del>
	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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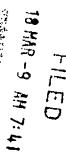
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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

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CORPORATION NAME(S	) &	<b>DOCUMENT</b>	NUMBERS(	S)	:
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1. Frier	ndly Hands	Health, Inc	P1600006199
(CORPORATE	NAME)	(DOCUMENT	Γ#)
2			
(CORPORATE	NAME)	(DOCUMENT	T#)
3. <u>(CORPORATE</u>	NAME	(DOCINATIVE)	- 0
(CORPORATE	NAME)	(DOCUMENT	#)
☐ Walk-In	Pick up time:	_ Certified Copy Certi	ficate Of Status
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New Filings
Profit
Non-Profit
Limited Liability
Other:

á	Amendments
X	Amendments
	Resignation
	Dissolution/Withdrawal
	Other:

Other Filings I. 4.
Annual Report
Fictitious Name
Apostille:
Other:

Examiners Initials	
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## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr	ently filed with the Flor	rida Dept. of State)		
P16000061997				
(Document Numb	er of Corporation (if know	wn)		
Pursuant to the provisions of section 607.1006, Florida Statutes, test Articles of Incorporation:	this <i>Florida Profit Corpo</i>	oration adopts the following am	endmen	ıt(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>			
		The	new	
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	or "Co". A professiona	"incorporated" or the abbrevil corporation name must conto	iation in the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
1 (incepat office unaress SIGST BE A STREET ADDRESS)	<del></del>	deg.		
			MAT.	
		1 2 3	محــــ ا	===
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			••••	1
(Maining address MAY BE A POST OFFICE BOX)		1998 a 1994 1994	3	ED
			<u></u>	
D. If amending the registered agent and/or registered office a	address in Florida, ente	r the name of the		
new registered agent and/or the new registered office add	ress:			
Name of New Registered Agent				
(Florid	la street address)			
New Registered Office Address:		. Florida		
new Registered Office Maaress.	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famil		bligations of the position		
rereoy accept the appointment as registered agent. Tum juma	nn wan ana accept the o	obugutions of the position.		

Signature of New Registered Agent, if changing

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	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	TANJA C. ONA	1830 NW 7TH ST
XX Add			STE 300
Remove			MIAMI, FL 33125
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	
	**************************************	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(3 , , , , , , , , , , , , , , , , ,		
		-
		-

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following smust 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	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	lder
03/08/2018 Dated Signature	
(By a director president or other officer – if directors or officers have πο selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
ARIEL TORRES	
(Typed or printed name of person signing)	
Р	
(Title of person signing)	<del></del>