P1600069963

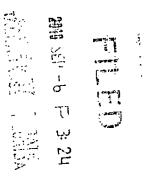
(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
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COVER LETTER

Division of Corpor	ations		
NAME OF CORPORA	ation: Kamin	: Health I	nc
DOCUMENT NUMBE	CR: P/600	0069963	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Beth	A Stoner	EA
	r> <	Name of Contact Person	n 7
	ECTOXO	Firm/ Company	uc
_	2955 Bec	- Ridge Rd	Stell
	./ (Address	59
<u></u>	Dunsott	City/ State and Zip Cod	<u> </u>
		City/ State and Zip Cod	e
	beth @ est	ysolutions	COM
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
Beth A	Stoner EA	at (941	923-8290
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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)
<u>M</u> ailir	ng Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

Articles of Amendment

to

Articles of Incorporation

//	
Kamini Heath The	
(Name of Corporation as currently filed with the Florida De	ept. of State)
P160000 69963	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation "Corp.," "Inc.," or "Co". A professional corporation "Corp.," or the abbreviation "P.A."	rporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mulling utterss MAI BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
, (City)	(Zip Code)
Now Books and America State of the Company of the C	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligati	ons of the position.
	2 march 2
Signature of New Registered Agent, if changin	g : G
	Salva Co

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	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	5	Both A Stones	3975 Bee Ridge Rd Ste. Sarasota, PL 34239
X Add			Sarasota, FL34239
Remove			
2) Change			·
Add			
Remove			
3) Change		_\	
Add			
Remove			
4) Change			
Add		,	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter	CHANGE S HETE.
Attach additional sheets, if necessary). (Be speci	nc)
·····	······································
· · · · · · · · · · · · · · · · · · ·	<u> </u>
	<u>\.</u> .
if an amendment provides for an exchange, reels	resification or cancallation of issued shares
provisions for implementing the amendment if	not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 8/24//6, if date this document was signed.	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 not meet the applicable statutory filing requirements, this date will not b document's effective date on the Department of State's records.	e 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 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 east 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 action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Alla Medved	
(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)	
Alla Medved	
(Typed or printed name of person signing)	
(Title of person signing)	<u>,</u>