P16000072919

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	City/State/Zip/Phone #)
	Business Entity Name)
	Document Number)
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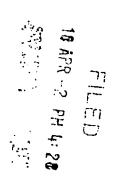


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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COREO	RATION: MEDSIS INTERN	IATIONAL, INC			
DOCUMENT NUM	D14000072010				
The enclosed Artic es	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	THOMAS DASHERT				
	Name of Contact Person				
	MEDSIS INTERNATIONA	LINC			
ì					
	Firm/ Company				
	555 FAYETTEVILLE STREET SUITE #300				
	Address				
	RALEIGH, NC 27701				
Į		City/ State and Zip Code			
		,			
ACLL	SHER@MEDSIS.COM		/		
	E-mail address: (to be u	sed for future annual report	notification)		
ł					
For further informatic	on concerning this matter, plea	se call:			
THOMAS DASHER		at (414-2382		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	rtment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	iling Address		Address		
Amendment Section Amendment Section					
	ision of Corporations Box 6327		n of Corporations Building		
	ahassee, FL 32314		xecutive Center Circle		
T au	unuoott, 115 Jul 14		issee. FL 32301		

Articles of Amendment to Articles of Incorporation of

MEDSIS INTERNATIONAL INC.

	,		
	(Name of Corporation as currently	filed with the Florida Dept. of State)	
16000072919			
	(Document Number of C	Corporation (if known)	
ursuant to the pro s Articles of Inco	visions of section 607.1006, Florida Statutes, this F_{ij} poration:	lorida Profit Corporation adopts the follo	owing amendment(s
. If amending n	me, enter the new name of the corporation:		
			The new
Corp.," "Inc.,"	tinguishable and contain the word "corporation, or Co.," or the designation "Corp," "Inc," or "C "professional association," or the abbreviation "P	o". A professional corporation name n	
	cipal office address, if applicable:		
rincipal office d	ddress <u>MUST BE A STREET ADDRESS</u>)	• •	· ~
			Ti Ti Ti
			11 55 F
	iling address, if applicable: ss MAY BE A POST OFFICE BOX)		平四
(Manng aaa)	33 MAT M. ATOM OF TICH BOK		
			<u> </u>
			
	e registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered	agent and/or the new registered office address:		
<u>Name of L</u>	lew Registered Agent		
	(Florida stree	t address)	
<u>New Regi</u>	sered Office Address:	, Florida	
	(0	City)	(Zip Code)
	gent's Signature, if changing Registered Agent: appointment as registered agent. I am familiar wi	th and accept the obligations of the posit	ion.
	Sienature of New Res	gistered Agent, if changing	
	Signamic of the rich	2	

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 Jokes 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> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	RANDALL O'KANE	5846 SW 81ST STREET
Add			MIAMI, FL 33143
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	ļ		
Add	ļ		
Remove			

If amendin	g or adding additional Articles, enter change(s) here:
(Attach add	itioral sheets, if necessary). (Be specific)
• •	
	······································
	†
<u> </u>	
If an amen	dmen provides for an exchange, reclassification, or cancellation of issued shares,
provisions	s for implementing the amendment if not contained in the amendment itself:
(if not	applicable, indicate N/A)
	
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The date of each mendment(s	adoption:	, if other than the
date this document was signed.		
J Effective date <u>if applicable</u> :	ANUARY 20, 2018	
Estective vale in applicative.	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing required Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment's) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for te sufficient for approval.	he amendment(s)
	approved by the shareholders through voting groups. The fa- for each voting group entitled to vote separately on the ame	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and	l shareholder
3/26/20 D a ted	18	
Si g nature	Date To Sate	
(By sele	a director, president or other officer – if directors or officers ected, by an incorporator – if in the hands of a receiver, truste ointed fiduciary by that fiduciary)	
	PATRICK MULCAHY	
Į.	(Typed or printed name of person signing)	
	CHIEF TECHNOLOGY OFFICER , 50	
	(Title of person signing)	