P17000010049

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COVER LETTER

TO: Amendment Sec Division of Cor				
NAME OF CORPO	PHIE, INC.			
DOCUMENT NUM	P17000010010			
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	RAUL ROMERO			
		Name of Contact Persor	1	
	PHI E. INC.	Traine or Contact i Cisor	•	
	-	Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
	16201 SW 95 Avenue Room	103 Suite A		
		Address		
	MIAMI, FL 33157			
		City/ State and Zip Code	·	
	phie.inc@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, plea			ra l _e c.
Name	of Contact Person	at (Area Coo	_) le & Daytime Telephone Number	- = :
	or the following amount made		·	
S35 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)	
An Div	uiling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

HI E, INC.			
(<u>Name of Corporati</u>	on as currently filed w	ith the Florida Dept, of State)	
17000010049			
(Docun	nent Number of Corpora	ition (if known)	
rrsuant to the provisions of section 607.1006. Florida Articles of Incorporation:	i Statutes, this <i>Florida I</i>	Profit Corporation adopts the follow	wing amendment(
If amending name, enter the new name of the co	orporation:		
			The new
ime must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	" or "Co". A profess		ation "Corp.,"
Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>			
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
If amending the registered agent and/or register		orida, enter the name of the	~ 3
new registered agent and/or the new registered	office address:		: .
Name of New Registered Agent		- · · · · · · · · · · · · · · · · · · ·	
	(Florida street addres	(3)	- :
New Registered Office Address:		, Florida	ے ہیں۔ ا
New registered Office Address.			

eck if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

<u>A</u> Change	<u>P1</u> John	<u> 1 Doe</u>		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	<u>SV</u> <u>Sall</u>	<u>y Smith</u>		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) X Change	Clerk	MEISY GONZALEZ	16201 SW 95 Avenue	
Add			Room 103 Suite A	_
Remove			MIAMI, FL 33157	_
2) Change	Clinic D	REINA C. RODRIGUEZ	16201 SW 95 Avenue	
X Add			Room 103 Suite A	
Remove 3) Change			MIAMI, FL 33157	_
Add				_
Remove				_
4) Change				
Add				_
Remove				_
)Change			•	_
Add				_
Remove				_
· Change				_
Add				_
Remove				

	s, if necessary). (I	Be specific)				
						
						
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_						
						
			<u>.</u> .			
-		·				
		····			· · · · · · · · · · · · · · · · · · ·	
						
						
						
amendment prov	ides for an exchang	ge, reclassificatio	n, or cancellation	of issued shares.		
visions for implem	ienting the amenda	nent if not conta	ined in the amend	lment itself:		
(if not applicable,	indicate N/A)					
	· · · · · · · · · · · · · · · · · · ·					
		·				
			<u> </u>			

•

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareh	older action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the am afficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
Signature	go/2020 irector, president or other officer – if directors or officers have	not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	
	Rawl Romero (Typed or printed name of person signing)	
	President	
	(Title of person signing)	