

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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08/14/17--01033--009 **35.00



AUG 18 2017 R. V. TEE



COVER LETTER

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: M+ Wellness Inc w Dr Martin Luther King E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

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

Articles of Amendment

to
Articles of Incorporation

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PIDOO	0014069		
(Documer	nt Number of Corporati	on (if known)	
Pursuant to the provisions of section 607.1006. Florida S its Articles of Incorporation:	Statutes, this Florida Pr	<i>ofit Corporation</i> ad	opts the following amendn
A. If amending name, enter the new name of the corp	ogration:		
			The ne
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A pr		rated" or the abbreviation
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ı <u> </u>		
		-	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		rida, enter the nam	e of the
Name of New Registered Agent			
	-	•	
-	(Florida street address)		
New Registered Office Address:			. Florida
in gray many constraints	(City)	,	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		vent the obligations	of the position
. nervo, weerprine appointment to registered agent. To	m jamanar viin ana ta	cept me obligations	ig the pranton.
Signati	ure of New Registered 2	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	<u> 74</u>	John Doe		
X Remove	<u>Y</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	VP_	Torres	Rolando	1931 W Martin Lutherking Tampa PL 33607 Dr BID
Add		,		Tampa (L 33607 818)
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 Arti Attach additional sheets, if necessary).	(Be specific)			
			·	
			•	
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				_
		 		
f an amendment proyides for an exch	ange, reclassification, or	cancellation of issued	d shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	adment if not contained	in the amendment itse	<u>: : : : : : : : : : : : : : : : : : : </u>	
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The date of each amendment(s) adoption: $\frac{OO/O/O}{OOOOO}$, if other than the
date this document was signed.
Effective date if applicable: 08/7/17
(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 be listed as the document's effective date on the Department of State's records.
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 cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(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 . Julio A.
(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)
Julio Martinez
(Typed or printed name of person signing)
president
(Title of person signing)