P17000019056

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	: ORTHOEVOL	UTION C	LORP	
DOCUMENT NUMBER:	2501000011056			
The enclosed Articles of Amen	dment and fee are sub	mitted for filin	ıg.	
Please return all correspondence	e concerning this matt	er to the follow	ving:	
	Δ	Lavela Bo	و ص	
· <u>·</u>		Name of Co	ntact Person	1
	OR	THOEVOU	MOITU	CORP.
		Firm/ C	ompany	
	1618:	2 SW 79	1 terrac	е.
		Add	ress	<u> </u>
	M	iami - Fl	orida	33193 .
		City/ State a	nd Zip Code	
Е-п	any nail address: (to be use	cbp2005 d for future an	egmo	notification)
For further information concern	ning this matter, please	call:		
Anyela F	erez.	at (_	786	277 7243
Name of Contac	et Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	owing amount made p	ayable to the F	lorida Depa	rtment of State:
<u> </u>	43.75 Filing Fee & ertificate of Status	□\$43.75 Fili Certified C (Additional enclosed)	ору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S				Address ment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to . Articles of Incorporation



ORTHOEVOLUTION CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

nt(s) to

P17000019056	
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
N-A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered AgentNA	
,	
(Florida st	reet address)
New Registered Office Address:	(City) Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	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.

<u>X</u> Change	<u>PT</u> <u>J</u>	iohn Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u> s	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	Maria Vasquez	16182 SW 79 terrace
X Add			Miami Fl 35193
Remove			
2) Change	_ D	Leonel Munoz	16182 sw 79 temace
_ X Add			Miami Fl 33193
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional	dding additional Ar sheets, if necessary).	. (Be specific)	ge(s) nere:			
NA						
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					<u> </u>	
. If an amendment	provides for an exc	hange, reclassific	ation, or cancellati	on of issued shares,		
provisions for in	nplementing the am	endment if not co	ntained in the ame	ndment itself:		
	able, indicate N/A)					
N/A						
N/A						·
N/A			Address and the second of the least of the State of the S			
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						

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, this date will document's effective date on the Department of State's records.	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 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)	
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 03/20/17 Signature Anyela Perez Blanw.	
Signature (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)	
Aryela Perez Blanco. (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	