P170000 19530

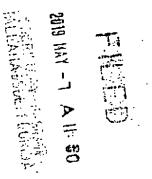
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LION KING SAFE TRAVELS, INC. DOCUMENT NUMBER: P17000019530 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TLIANA LEON REY Name of Contact Person Firm/ Company 11601 NW 89TH ST APT-214 Address DORAL, FL 33178 City/ State and Zip Code ilianaleonrey@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ILIANA LEON REY at (786) 656-6270

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 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 Street Address

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

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

Articles of Amendment to Articles of Incorporation

of

LION KING SAFE TRAVELS INC

U.S.	3

(Name of Corporation as current	ly filed with the Florida Dept. of State)				
17000019530	2019 MAY -7 A IS SO				
(Document Number o	f Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopis the following antiquend ment(s)				
A. If amending name, enter the new name of the corporation:	,				
LION MEDICAL RECORDS AUDIT AND ADVISORY, INC.	The new				
name must be distinguishable and contain the word "corporatio "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				
3. Enter new principal office <u>address, if applicable:</u>	11601 NW 89TH ST APT-214				
Principal office address <u>MUST BE A STREET ADDRESS</u>)	DORAL, FL 33178				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11601 NW 89TH ST APT-214				
	DORAL, FL 33178				
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	ress in Florida, enter the name of the				
	ress in Florida, enter the name of the				
new registered agent and/or the new registered office address	ress in Florida, enter the name of the				
new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of the				
new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of the 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)

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.

- Mike Jones, V as Remove - Example:	e, and Sai	dy Smith, 51	' as un Add.	
X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jone	<u>es</u>	
_X Add	<u>SV</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	<u> 2</u>	<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4)Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u> </u>		
Add			-	
Remove				

. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
UDIT OF MEDICAL RECORDS.	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

the date of each amendment(s) as date this document was signed.	loption:		, if other than th
()4/2	8/2019		
Effective date if applicable:	(III) proces	than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the partment of State's reco	applicable statutory filing requirements, this datords.	e will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholder: Ticient for approval.	s. The number of votes east for the amendment(s))
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholde each voting group entiti	ers through voting groups. The following statemented to vote separately on the amendment(s):	u
	or the amendment(s) water (voting group)	as/were sufficient for approval	
	(voting group)		
The amendment(s) was/were adoption was not required	oted by the board of dire	ectors without shareholder action and shareholder	
☐ The amendment(s) was/were adoption was not required.	sted by the incorporator	s without shareholder action and shareholder	
04/28/2019 Dated			
Signature	Hun		
selected	ector, president or other	r officer – if directors or officers have not been in the hands of a receiver, trustee, or other court	
1	LIANA LEON REY		
-	(Typed or pri	inted name of person signing)	
I	RESIDENT		
-		Fitle of person signing)	