

P17000026511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

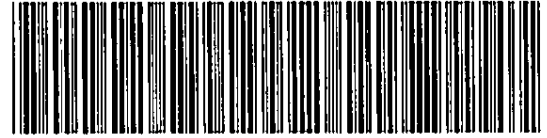
(Business Entity Name)

(Document Number)

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S TALLENT
JAN 31 2018

SECRETARY OF STATE
CORPORATE AFFAIRS SECTION

18 JAN 29 PM 4: 12

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Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MAX Health Wellness Corp

DOCUMENT NUMBER: P17000020511

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Osmin Rivero Izquierdo
Name of Contact Person
MAX Health Wellness Corp
Firm/ Company
6105 Memorial Hwy # 5
Address
TAMPA FL 33615
City/ State and Zip Code
N/A

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Osmin Rivero Izquierdo at 813, 5424228
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 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)

Mailing Address
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

MAX Health Wellness WLP

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

P 17000026511

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

6105 Memorial Hwy
Suite S
TAMPA FL 33615

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6105 Memorial Hwy
Suite S
TAMPA FL 33615

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Osmin Rivero Izquierdo

6105 Memorial Hwy #5

(Florida street address)

New Registered Office Address:

TAMPA

Florida

33615

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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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; F - 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Torres, Rolando</u>	<u>3105 NW 107 Ave</u> <u>Suite 400</u> <u>Doral FL 33172</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Rivero Izquierdo, Ormin</u>	<u>6105 Memorial Hwy</u> <u>Suite 5</u> <u>Tampa FL 33615</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Torres, Rolando</u>	<u>6105 Memorial Hwy</u> <u>Suite 5</u> <u>Tampa FL 33615</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter changes here:
(Attach additional sheets, if necessary). (Be specific)

FEIN - 82-2369471

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 01/15/2018, if other than the date this document was signed.

Effective date if applicable: 01/15/2018
(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)

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 01/15/2018

Signature [Handwritten 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)

Osmin RIVERA IZQUIERDO
(Typed or printed name of person signing)

president
(Title of person signing)

January 15, 2018

To Whom It May Concern:

Please if you could add the FEIN number to the corporation, it would be greatly appreciated.

The FEIN number is: 82-2369471.

Thank you for your attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Osmin Rivero Izquierdo', written in a cursive style.

Osmin Rivero Izquierdo

President

Max Health Wellness Corp