## P170000 45042

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: P17000045042 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stephen Liu, MD
Name of Contact Person iFG Cure Inc Olympic Blvd, #552 ngeles, CA 90064
City/ State and Zip Code iFG Health Inc @ gmail. com
E-mail address: (to be used for future amual report notification) For further information concerning this matter, please call: at (310) 989-2033

Area Code & Daytime Telephone Number Momo Liu Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status 012#1094 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

				P. J.	B
(Name of Corpora	tion as currently	filed with the F	lorida Dept. of St	tate)	77-
1FG	88 IN	c f	170000	45042	(i)
(Docu	iment Number of (	Corporation (if k	nown)	1	
Pursuant to the provisions of section 607, 1006, Floridits Articles of Incorporation:	da Statutes, this $F$	lorida Profit Co	<i>rporation</i> adopts t	the following ame	endment(s)
A. If amending name, enter the new name of the	corporation:				
IFGWORLD	INC			$Th_{\ell'}$	new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	ord "corporation, p," "Inc," or "C	o". A professio		" or the abbrev	iation
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AD</u>					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u> )				<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ss in Florida, ci	iter the name of t	the	<del></del>
Name of New Registered Agent					
	(Florida stree	et address)	<del></del>		
New Registered Office Address:			, Flori	ida	
	((	City)		(Zip Code)	
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.		ith and accept th	e obligations of th	e position.	
Sio	mature of New Res	aistered Agent i	f 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 = Trustec; 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>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		<del></del>	
Remove			
6) Change			
Add			
Remove			

Attach addition	adding additional A al sheets, if necessary,	). (Be specific)	engalat mare.			
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<u>f an amendme</u>	nt provides for an ex implementing the ar	change, reclassif	cation, or cance	llation of issued	shares,	
(if not app	licable, indicate N/A)	nenument ii not e	ontained in the a	imenument user	<u>I:</u>	
11						
N/A	<del></del> -					
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. The date of each amendment(s) adoption: 1/27/2018	if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file da	(e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement focument's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arby the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to yote separately on the amendment.	ring statement vent(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 action was not required.	l shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
Dated  Signature  (By a director, president or other officer – if directors or officers have	
Simoning	
Signature  (By a director, president or other officer – if directors or officers have selected, by princorporator – if in the hands of a receiver, trustee, of appointed aductary by that fiduciary)	
Stephen Liu. M.D.	
(Typed or printed name of person signing)	
president/CE0	
President/CEO (Title of person signing)	

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