## P17000045582

· · · · · · · · · · · · · · · · · · ·
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100300338221

09/19/17--81034--017 ++35.00

MAT JUN 19 D 3 18

JUN 2 6 2017 T. LEMMEUX



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: INCURE THERA	PY INC			
DOCUMENT NUMB					
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	GENER ALONSO				
-		Name of Contact Person	1		
	INCURE THERAPY INC				
-	<del></del>	Firm/ Company			
	7327 W 30 LN				
-	Address				
	HIALEAH FL 33018				
-		City/ State and Zip Code	2		
GENE	ERTKAREN24@GMAIL.CC	)M			
	•	sed for future annual report	notification)		
		·			
For further information	concerning this matter, pleas	se call:			
CINED ALONGO		797	105 5940		
GENER ALONSO		at (	_) 395-5849		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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		Amend Divisio Clifton	Address ment Section n of Corporations Building yeartive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

INCURE THERAPY INC (Name of Corporation as currently filed with the Florida Dept. of State) 17000045582 (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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (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 pris Signature of New 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	KAREN RIVERO PADRON	7327 W 30 LN
Add			HIALEAH FL 33018
X Remove			
2) Change	44.1		
Add			
Remove			
3 ) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Ar Attach additional sheets, if necessary).	(Be specific)			
****			- · - · · · · · · · · · · · · · · · · ·	
		<u></u>		
<u> </u>				
	<del>_</del>	· · · · · · · · · · · · · · · · · · ·		
	<del></del> -			
. <u> </u>				
<u> </u>				
f an amendment provides for an exc	hange, reclassification	, or cancellation of	issued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contain	ied in the amendme	ent itself:	
(y not appleame, madae (471)				
		,		
		<del></del>		
	<u> </u>			

The date of each amendmen		, if other than the
date this document was signed	l. - 06/15/2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendmenter sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	vent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
bv		
,	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
05/15 Dated	5/2017	
Signature _	- George	
( <b>!</b> Si	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	Gener Alonso	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del>.</del>