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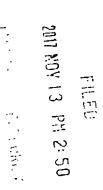
| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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C. GOLDEN NOV 1 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | ORATION: Careline, Inc | | | | |
|--|---|--|--|--|--|
| DOCUMENT NUM | P17000056515 | | | | |
| The enclosed Articl | es of Amendment and fee are su | ibmitted for filing. | | | |
| Please return all cor | respondence concerning this ma | atter to the following: | | | |
| | Arthur Schinitsky | | | | |
| | | Name of Contact Perso | n | | |
| | Careline, Inc | | | | |
| | | Firm/ Company | | | |
| | 1835 Miami Gardens Dr Ste 212 | | | | |
| | | Address | | | |
| | Miami, FL 33179 | | | | |
| | | City/ State and Zip Cod | | | |
| _ | | - ·• - · · · · · · · · · · · · · · · · · | | | |
| arth —— | nurs@careline.io | | | | |
| | E-mail address; (to be us | sed for future annual report | notification) | | |
| For further informat | ion concerning this matter, pleas | se call: | | | |
| Arthur Schinitsky | | at (| 710-0870 | | |
| Name of Contact Person at (303) Area Code & Daytime Telephone N | | de & Daytime Telephone Number | | | |
| Enclosed is a check | for the following amount made | payable to the Florida Depa | artment of State: | | |
| S35 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 Iment Section on of Corporations Building executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2017 NOV 13 PM 2:50

| ation (if known) |
|--|
| |
| ation (if known) |
| |
| Profit Corporation adopts the following amendment(s) to |
| |
| The new |
| npany," or "incorporated" or the abbreviation professional corporation name must contain the |
| NA |
| <u>/</u> A |
| lorida, enter the name of the |
| |
| ss) |
| Florida |
| (Zip Code) |
| ו ו |

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 Doc | |
|-------------------------------|--------------|-------------------|---------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | D | Arthur Schinitsky | 1835 Miami Gardens Dr 212 |
| X Add | | | Miami, FL 33179 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | - |
| 3) Change | | - | |
| Add | | | |
| Remove | | | |
| 4) Change | | | <u> </u> |
| Add | | | |
| Remove | | | |
| 5) Change | | _ | |
| Add | | | |
| Remove | | | |
| 6) Change | | _ | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
|---|----------|
| (Astronomical success, y necessary). The specific) | |
| N/A | |
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| 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) | |
| N/A | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|------------------------|
| date this document was signed. | , ii other than the |
| 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. | I 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 11-10-2017 | |
| Signature Office Signature | _ |
| (By a director, president of 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) | |
| Aug Restron | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |