Division of Corporations

P17 000 5543

Florida Department of State
Division of Corporations
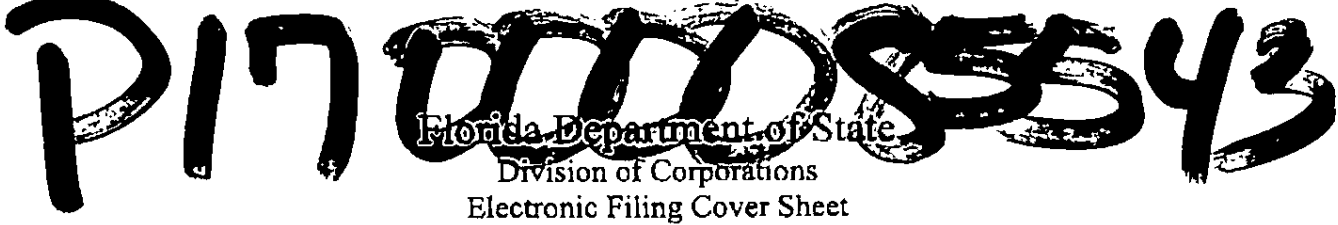Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
          Division of Corporations
          Fax Number     : (850)617-6380

From:
          Account Name   : VCORP SERVICES, LLC
          Account Number : I20080000067
          Phone          : (845)425-0077
          Fax Number     : (845)818-3588
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
MEDRITE MEDICAL CARE, PA

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$35.00

JAN 02 2019

Electronic Filing Menu   Corporate Filing Menu   Help

Articles of Amendment
to
Articles of Incorporation
of

MEDRITE MEDICAL CARE, PA
_____
(Name of Corporation as currently filed with the Florida Dept. of State)

P17000085543
_____
(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: _____, Florida_____

_____ _____
(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

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add X Remove	P	FISCH, SAMUEL	542 W 41 ST STREET MIAMI BEACH, FL 33140
2) ___ Change X Add ___ Remove	P	JEROME ERIC GOLDSTEIN, M.D., J.D.	542 West 41st St Miami Beach, Florida 33140
3) ___ Change ___ Add ___ Remove			
4) ___ Change ___ 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)*

_____

_____

_____

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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)

The Corporation is authorized to issue two classes of shares to be designated, respectively, "Preferred Stock" and

"Common Stock." The number of shares of CommonStock authorized to be issued is Ten Billion (10,000,000,000).

The number of shares of PreferredStock authorized to be issued is Two MillionFive Hundred Thousand(2,500,000).

The Preferred Stock and the Common Stock shall each have a par value of $0.0001 per share.

_____

_____

_____

_____

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

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 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.

                 12/29/17
Dated_____

Signature _____ J.E. Goldstein MD/JD _____

          (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)

          JEROME ERIC GOLDSTEIN, M.D., J.D.
          _____
              (Typed or printed name of person signing)

          President
          _____
              (Title of person signing)