P17000088053

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JUN 11 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: STYLET HEALTHCARE, I	PA
DOCUMENT NUMBER: P17000088053	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
RICARDO GERENSTEIN	
Name	of Contact Person
STYLET HEALTHCARE, PA	
Fi	rm/ Company
1380 NE MIAMI GARDENS DRIVE	#132
	Address
NORTH MIAMI BEACH, FL 33179	
City/ \$	tate and Zip Code
stylethealth@gmail.com	
E-mail address: (to be used for fu	ure annual report notification)
For further information concerning this matter, please call:	
RICARDO GERENSTEIN	786 859-4077
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:
Certificate of Status Certi (Add	75 Filing Fee & S52.50 Filing Fee fied Copy Certificate of Status ctional copy is 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 of

STYLET HEALTHCARE, PA

STILET HEALTHCAKE, PA		
(Name	of Corporation as	currently filed with the Florida Dept. of State)
P17000088053		
	(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statu	tes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t
A. If amending name, enter the new na	me of the corpora	 a <u>tion:</u>
STYLET HEALTHCARE, CORP.		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Ir	rporation," "company," or "incorporated" or the abbreviation e," or "Co". A professional corporation name must contain the
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A S		<u>5</u>)
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent are new registered agent and/or the new Name of New Registered Agent	OFFICE BOX) ad/or registered of	N/A SST 28 Fice address in Florida, enter the name of the address:
		lorida street address)
New Registered Office Address:	N/A	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as registered.		d Agent: Camilliar with and accept the obligations of the position.
NA	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.

Mike Jones, V as Remove Example:	e, and Sai	lly Smith,	SV as an Add.		
X Change	<u>PT</u>	John Do	<u>×e</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones		
<u>X</u> Add	<u>\$V</u>	Sally Sr	nith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>A</u>	<u>idres</u> s
1) Machange		_		 	
Add					
Remove					
2) Machange		<u></u>		 	
Add					
Remove				_	
3) MAChange		_			
Add					
Remove					
4) Mange					
Add					
Remove					
5) Machange					
Add					
Remove					
6) MA Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change (Attach additional sheets, if necessary). (Be specific)	e(s) here:
N/A	
	<u> </u>
F. If an amendment provides for an exchange, reclassific	tion, or cancellation of issued shares.
provisions for implementing the amendment if not con	ntained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	<u> </u>

5/21/2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
5/21/2019	
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 document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s) (CHECK ONE	
☐ The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entities.	
"The number of votes cast for the amendment(s) v	vas/were sufficient for approval
by	j.
by(voting group)	
 The amendment(s) was/were adopted by the board of di action was not required. The amendment(s) was/were adopted by the incorporate action was not required. 	
05/21/2019 Dated	
Signature	u L.
(By a director, president or oth	er officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court uciary)
RICARDO GERENST	EIN
(Typed or p	printed name of person signing)
PRESIDENT	
	(Title of person signing)