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## **COVER LETTER**

· Est

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: NOS Life Sciences Corp.					
DOCUMENT NUMBER: P17000090728					
	Amendment and fee are sul	omitted for filing.			
Please return all correspo	ondence concerning this mat	ter to the following:			
Gabriela Setrakian					
Δ,	gentax LLC	Name of Contact Person			
	gentax LLO	E' / C			
12	Firm/ Company 1241 Canary Island Dr				
		Address			
Weston, FL. 33327					
		City/ State and Zip Code			
gabyse	trakian@gmail.com				
		ed for future annual report	notification)		
For further information concerning this matter, please call:  Gabriela Setrakian  786  458-3493					
	C P	at (	_)		
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:					
\$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)		
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assec, FL 32314	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

NOS Life Sciences Corp.		
( <u>Name</u>	of Corporation as curre	ntly filed with the Florida Dept. of State)
P17000090728		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:	
Not Applicable		The new
	nation "Corp," "Inc," oi	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
R. Enter new principal office address.	if applicable:	Not Applicable
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Not Applicable
		Not Applicable
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Not Applicable
1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	<u> </u>	Not Applicable
		Not Applicable
D. If amending the registered agent an new registered agent and/or the ne	w registered office addre	ldress in Florida, enter the name of the ess:
Name of New Registered Agent	Not Applicable	
	Not Applicable	
	(Florida	street address)
New Registered Office Address:	Not Applicable	Not Applicable , Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis		nt: or with and accept the obligations of the position.
	Not Appl	icable
	Signature of Nev	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:	ve, ana sany s	mun, 3v us un Aaa.	
X Change	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	SV S	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) X Change	PDCEO	Pablo A Inones	1241 Canary Island Dr
Add			Weston, FL
Remove			33327 US
2) N/A Change	N/A	N/A	Not Applicable
N/A Add			Not Applicable
N/A Remove			Not Applicable
3) N/A Change	N/A	Not Applicable	Not Applicable
N/A Add			Not Applicable
N/A Remove			Not Applicable
4) N/A Change	N/A	Not Applicable	Not Applicable
N/A Add	<del></del>		Not Applicable
N/A Remove			Not Applicable
5) N/A Change	N/A	Not Applicable	Not Applicable
N/A Add			Not Applicable
Remove			Not Applicable
6) N/A Change	N/A	Not Applicable	Not Applicable
N/A Add			Not Applicable
N/A Remove			Not Applicable

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Article IV
The number of shares the company is authorized to issue is: 10,000,000 (ten million), par value \$0.00001 per sh
-,-,-
-,-,-
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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

The date of each amendment(s) adoption: N/A	, if other than the
date this document was signed.	
May 3rd, 2018	
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 statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by N/A (voting group)	."
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without sha action was not required.	reholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareho action was not required.	older action and shareholder
May 3rd, 2018 Dated	
Signature	
(By a director, president or other officer – if director, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
Pablo A Inones	
(Typed or printed name of per	son signing)
Director & President of the Board	
(Title of person si	oning)