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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: REVIVA, INC.			<u></u> .
DOCUMENT NUMBER				
The enclosed Articles of A	Amendment and fee are su	abmitted for filing.		
Please return all correspon	ndence concerning this ma	tter to the followin	ıg:	
ÐD	NORAH A SED, PA-C			
		Name of Conta	ict Person	n
		Firm/ Com	pany	
573	0 FERNLEY DR E 60			
	Address			
WI	EST PALM BEACH, FL 3	33415		
		City/ State and	Zip Cod	e
drdinoral	@msn.com			
	E-mail address: (to be us	sed for future annu	al report	notification)
For further information co	ncerning this matter, pleas	se call:		
DINORAH A SED, PA-C		at (I	de & Daytime Telephone Number
Name of Contact Person Area Code & Daytime To		de & Daytime Telephone Number		
Enclosed is a check for the	e following amount made	payable to the Flor	ida Depa	artment of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	y .	☐\$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 Division Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

RIVIVA, INC.	
(Name of Corporation as curren	tly (iled with the Florida Dept. of State)
P17000093955	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	DINORAH A SED, PA-C
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	5730 FERNLEY DR E 60
	WEST PALM BEACH, FL 33415
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 adenew registered agent and/or the new registered office address	
Name of New Registered Agent	LDRIO
(Florida s	treet address)
New Registered Office Address:	Florida
	(Zity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
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 Doc	
X Remove	$\overline{\lambda}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PT	DINORAH A SED. PA-C	5730 FERNLEY DR E 60
X Add		-	WEST PALM BEACH, FL 33415
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

(rinacii iii)	<mark>ng or adding additional</mark> ditional sheets, if necessa	(Re enerifie)			
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	ndment provides for an	exchange, reclassif	ication, or cancellati	on of issued shares,	
lf an amei	e for implementing the	amendment if not o	ontained in the ame	ndment itself:	
provision	s for unprementing the				
provision	t applicable, indicate N/.	4)			
provision	t applicable, indicate N/.	(A)			
provision	applicable, indicate N/.	A) 			<u></u>
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provision	at applicable, indicate N/.	A)			

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 wildocument's effective date on the Department of State's records.	l 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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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.	
6/1/2018	
Dated	
* Signature Angeled Med 90	
(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)	
AMANDA G VIZCAINO	
(Typed or printed name of person signing)	
SECRETARY	

(Title of person signing)