P18000004686

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2018 JUL 25 AM II: 39 SECRETARY OF STATI

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	SALUDMAX ME	DICAL CORP	
DOCUMENT NUME	989100001486		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	WILFREDO RAMIREZ		
		Name of Contact Person	1
	SALUDMAX MEDICAL CO	ORP	
	#L ##	Firm/ Company	
	2648 SW 87 AVE		
		Address	
	MIAMI, FL 33165		
		City/ State and Zip Cod	e
WRA	MIREZ@SALUDMAX.ORG	j	
	•	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
WILFREDO RAMIR	EZ	at (³⁰⁵	934-1160
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
	ling Address		Address
	ndment Section sion of Corporations		lment Section on of Corporations
	Box 6327		Building
	ihassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

SALUDMAX MEDICAL CORP

FILED

2018 JUL 25 - AM 11: 39 -(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE P18000004686 TALLAHASSEE, FL (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) _, Florida___33165 2648 SW 87 AVE MIAMI, New Registered Office Address: (City) 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	<u>PT</u>	John Doe	
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	<u>v</u>	PEREZ, ORLANDO A	7925 NW 12TH STREET
Add			SUITE 118 DORAL, FL 33126
X Remove			
2) Change			
Add			
Remove			·
3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

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<u>fan ame</u> Seovicio	<u>endment pro</u> one for imple	vides for an ementing the a	<u>exchange, re</u> amandmant	classificatio	<u>n, or cancell</u> inad in the s	<u>lation of issue</u> mandment its	ed shares,	
(if n	nis tor imple not applicable	indicate N/A	<u>amenument</u> 1)	n not Conta	ineu in the a	menument it	<u>scii.</u>	
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The date of each amendment	07/12/2018 (s) adoption:	, if other than the
date this document was signed.		
	07/12/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date with Department of State's records.	Il not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
07/12/	72018	
Dated		
√	(W	
Signature $\frac{\mathcal{L}}{\mathcal{L}}$	y a director; plesident or other officer – if directors or officers have not been	<u></u>
(B	lected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	WILFREDO RAMIREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	