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.

(((H24000286948 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SANCHEZ AND SANCHEZ CORP

Account Number : 120190000017

Fax Number

: (305)362-8750 : (305)362-8750

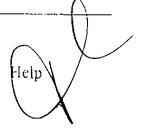
Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN MEDICTA HEALTH CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Sec Division of Corp				
NAME OF CORPO	PRATION: MEDICTA HEAL	TH CORP		
	IBER: P18000017498			_
	s of Amendment and fee are su	ibmitted for filing		
Please return all corre	espondence concerning this m	atter to the following:		
	SILVIO MICHEL MESTRE	DREKE		
		Name of Contact Person	n	
	MEDICTA HEALTH CORE	•		
		Firm/ Company		
	7299 W FLAGLER ST			
		Address		
	MIAMI, FI, 33144			ن سات
		City/ State and Zip Cod	e	
	MEDICTAHEALTH18@GN	MAIL.COM		
	E-mail address: (to be u	sed for fitture annual report	notification)	- >SS
For further information	on concerning this matter, plea	se call:		OF STA
SILVIO MICHEL M	IESTRE DREKE	et (<u>786</u>	de & Daytime Telephone N	, <u>, , , , , , , , , , , , , , , , , , </u>
Name	o! Contact Person	Area Co	de & Daytime Telephone N	umber
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fcc & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mn	iling Address	Street	Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

HZ40002869483

Articles of Amendment Articles of Incorporation of

MEDICTA HEALTH CORP							
(Name	of Corporat	tion as currently	filed with the Florida	Dept. of State)			
P18000017498							
	(Docu	ment Number of	Corporation (if known))			
Pursuant to the provisions of section 60' its Articles of Incorporation:	7.1006, Floric	la Statutes, this F	lorida Profit Corporat	ion adopts the fol	lowing an	nendme	int(s) t
A. If amending name, enter the new i	name of the o	orporation:					
					Th	e new	
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp." "Inc.	." or "Co". A	ompany," or "incorporc professional corporati	ated" or the abbre ion name must c	wiation "t	Com "	,
B. Enter new principal office address (Principal office address MUST BE A.)					::	~~	
(erinciput office dauress most br. A.,	SIKEEL AD	<u>DKESS</u>)			<u>-</u> ⊬	2024 AUG 2 7	
						AU(
				· 1		 	Carrier Carrier
C. Enter new mailing address, if app (Mailing address MAY BE A POST)YI			AS:	-	1
maning unaress MAT BUAT VOL	<u> </u>	<u>///</u> /			었다.	-	; i
			·		1135	Ö	
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D. If amending the registered agent a	nd/or registe	rad affice addre	er in Manda antauth	0 numer of the	•		
new registered agent and/or the ne	w registered	office address:	as to riorgia, enter the	e name of the			
Name of New Registered Agent	SILVIO M	ICHEL MESTRI	DREKE				
EMM O ESTE SOS MERCANISTA	7299 W FL	AGLER ST	•				
		(Florida stree	r: address)				
New Registered Office Address:	MIAMI			331	44		
HEW RESINEAR CONCENHUNESS.	· · · · · · · · ·	/(Sity)	Florida	(Zip Code)		
					, , , , , , , , ,		
New Registered Agent's Signature, if e I hereby accept the appointment as regis.	hanging Reg	stered Agent:					
r nevery accept the appointment as regis.	итеа адина.	1 ат јатитаr wi	in and accept the obliga	attons of the posit	ion.		
at	-						
<u> </u>	<u> </u>						
	Sign	ature of New Reg	istered Agent, if change	ing	 -		

Check if applicable

The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

HZ40002869483

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)

Pieuse 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, FT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add Example:

X_Change	<u>101</u>	<u>in Doe</u>		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
X Add	<u>SV</u> <u>Sal</u>	lly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P 	YANDRY MARTINEZ PEREZ	7299 W FLAGLER ST	
Add			MIAMI, FL 33144	
X Remove			7299 W FLAGLER ST	
2) Change	P	SILVIO MICHEL MESTRE DREKE	MIAMI, FL 33144	2
X Add			20	ÓZ4 A
Remove Change			AHA	2024 AUG 2(7)
Add		<u>-</u>	· · · · · · · · · · · · · · · · · · ·	
Remove			100 T	
4) Change			rii 6	ಸ್ತ ಸ್ತ
Add				
Remove				
5) Change				
Add				
Remove				
Change				
Add				
Remove				

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, it necessary). (Be specific)		
	<u> </u>	
		
		-
		
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an amendment provides for an exchange, reclassification, or cancellation of issued shares, revisions for implementing the amendment if not contained in the amendment itself:		
(4) not applicable, maleute 1974)		
DRY MARTINEZ PEREZ O SHARES		
O MICHEL MESTRE DREKE100 SHARES		
	<u>-</u>	
		
		—

08/27/2024	
The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days after umendment file date)	•
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	of be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	reholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	2024
☐ 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	2024 AUG 27
"The number of votes east for the amendment(s) was/were sufficient for approval	AH 10: 39
, , , , , , , , , , , , , , , , , , ,	_ 5 🛡
(voling group)	ယ '
08/27/2024 Dated	•
Signature Signature	
(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)	
SILVIO MICHEL MESTRE DREKE	
(Typed or printed name of person signing)	
OWNER	
(Title of person signing)	