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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Michelle Medical:	Solutions, Inc.		
DOCUMENT NUMB	ER: P18000017955			
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
•	Dorothy Drapkin			
		Name of Contact Person	1	
+	Michelle Medical Solutions	, Inc.		
-		Firm/ Company		
;	39009 County Road 54			
-		Address		
	Zephyrhills, FL 33542-6410)		
-		City/ State and Zip Code		
_0	E-mail address: (to be us	ed for future annual report	T notification)	
For further information	concerning this matter, pleas	e call:		
Name o	thy Dvank f Contact Person	CIN at (954) Area Coo	547-672 de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)	

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 Articles of Incorporation of

Michelle Medical Solutions, Inc.

FILED 2018 AUG 22 PM 1:55

(Name of Corporation as curre	ently filed with the Florida Depton State)
P18000017955	TALLAHASSES
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	<u>i</u>
	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
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 a new registered agent and/or the new registered office addresses	
Name of New Registered Agent	Drankin
10939 V	a street address),
New Registered Office Address:	(and Florida 33076
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent:
I hereby accept the appointment as registered agent. I am famili	

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 <math>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:	r, and Sal	ly Smith, SV as an Add.	
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	P	Kelly Wolfe	39009 COUNTY ROAD 54
Add			ZEPHYRHILLS, FL 33542
X Remove			
2) Change	Р	Dorothy Drapkin	39009 COUNTY ROAD 54
x Add			ZEPHYRHILLS, FL 33542
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change	.		-
Add			
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ac date this document was signed.	option:	, if other than the
Effective date if applicable:		
meetive date ir applicable.	(no more than 90 days after amendment	file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast fo ficient for approval.	r the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	,,
	(voling group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder acti	ion and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action a	nd shareholder
Dated 8	21-18 Po with Danson	
Signature	o willing Ingille	
(By a d	rector, president or other officer - if directors or office	ers have not been
	l, by an incorporator – if in the hands of a receiver, tru	istee, or other court
appoint	ed fiduciary by that fiduciary)	
	Dorothy Drapkin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	, , , , , , , , , , , , , , , , , , ,

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