P1800040541

(Re	questor's Name)	
(Ada	dress)	
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(City	y/State/Zip/Phone	e #)
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SCORETARY OF STATE
FALLAHASSEE, FLORIDA

JUL 1 0 2018 S. YOUNG

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Healthmed Marke	ting Inc.	
	BER: P18000040541		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Louis Colonna		
		Name of Contact Person	n
	Healthmed Marketing Inc.		
		Firm/ Company	
	333 NW 45th Terr	Time Company	
		Address	
	Deerfield Beach FL 33442		
		City/ State and Zip Cod	e
Loui	s.hmminc@gmail.com		
	- -	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Louis Colonna		954 at () 709-5280 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address Iment Section on of Corporations Building
Tallahussee, FL 32314			Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Healthmed Marketing	r E Inc
PISON (Name of Corporation as curren	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this 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:	2455 E. Sunrise Blvd #502
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Fort Lauderdale FL 33304
	Par
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2455 E. Sunrise Blvd #502
	Fort Lauderdale FL 33304
	D O
D. If amending the registered agent and/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent.—I am familiar	with and accept the obligations of the position.
Standard of Mari	Registered Agent, if changing
Memming Of New	пермене Арви, и Синириу

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.

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	Patrick McClellan	1975 E. Sunrise Blvd #860
Add			Fort Lauderdale FL 33304
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)		
			<u></u>
			
			
<u> </u>			
	-		-
If an amendment provides for an excl	nange, reclassification, o	r cancellation of issued	d shares,
provisions for implementing the ame (if not applicable, indicate N/A)	nament is not contained	in the amendment itse	<u>eii:</u>
		 	
	=		

	7/3/18	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	***************************************	
7/3 Effective date <u>if applicable</u> :	/18	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	. (voting group)	
	. (voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
7/3/18 Dated		
C' .	Tu.	
Signature	firector, president or other officer – if directors or officers have not been	_
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	Louis Colonna	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	