## P18000043881

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(Business Entity Name)
(Document Number)
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## COVER LETTER

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2010 JUN 18 AM 11: 30

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION:	FUR CELL THC	
DOCUMENT NUMBER:	P180000 43887	

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIKE MORTOJ	
Name of Contact Person	
MICHAEL + Co.	
Firm/ Company	
SEMB BET Ridge RD.	
Address	
SARISONA, FL. 34233	
City/ State and Zip Code	

MICHAELANDLOQ VENION NOT E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>941</u>) <u>5787-3765</u> Area Code & Daytime Telephone Number MIKE MORTON

Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

🕑 \$35 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 Ar to Articles of Inc.	SECRETARY OF STAT
of	
Fue Cru I	2010 JUN 18 AM H: JO
	y filed with the Florida Dept. of State)
P1800004388	7
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
TOTAL CellUtions INC.	Thenew
name must be distinguishable and contain the word "corporation "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
<ol> <li>Enter new principal office address, if applicable;</li> </ol>	2:09 N. TAMIAMI TRAIL
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SARASOTA, FL. 34234
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	Zieri N. MM. Ami TRAIL SARASSTA, FL. 34234
	SARASUM, FL. 34234
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
,	:
Name of New Registered Agent	
(Ebrida str	vet address)
	rt
New Registered Office Address:	

•

Signature of New Registered Agent, if changing

## · · ·

Example:

## 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 = Trustec; 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.

<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
L) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5/ Change			
Add			
Remove			. <u> </u>
6) Change			
Add			
Remove			

	s, if necessary).			CAL LA	
	CC 2 POR	APR	NAME	CHANGE	UNLT
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<u>+</u>				<b>_</b>	
n amendment prov	<u>ides for an exch</u>	ange, ro	<u>classificatio</u>	n <u>, or cancellatio</u>	r of issued shares,
ovisions for implen		ndment	<u>if not contai</u>	<u>ned in the amenu</u>	<u>Iment itself:</u>
and and another date	indicate (N/A)				
(if not applicable,					
((f`not applicable,					
((f not applicable,					
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The date of each amendment(s) at date this document was signed.	loption:, if other than
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file datc)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ade action was not required.	pted by the board of directors without shareholder action and shareholder
Fibe amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	6/15/18
	0/1×118 7 7 <del>1</del> <del>1</del>
Signature	irector, president or other officer – if directors or officers have not been
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court red fiduciary by that fiduciary)
	MICHAEL E. MORTON
	(Typed or printed name of person signing)
	PRESIDENT