## P18000049494

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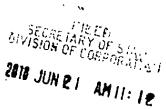
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CML WELLNESS	INC			
DOCUMENT NUM	P18000049494				
The enclosed Articles	of Amendment and fee are su	bnutted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Ricardo Barrios				
		Name of Contact Person	n		
	Bookkeepwithus.com				
		Firm/ Company			
	13726 Staghorn Rd				
	Address				
	Tampa, FL 33626				
		City/ State and Zip Cod	e		
ricar ———	do@bookkeepwithus.com	-			
	E-mail address: (to be us	sed for future annual report	notitication)		
For further informatic	on concerning this matter, pleas	se call:			
Ricardo Barrios		at (			
Name	Name of Contact Person Area Code & Daytime Telephone ?		de & Daytime Telephone Number		
Enclosed is a check for	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)	☐\$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



CML WELLNESS INC (Name of Corporation as currently filed with the Florida Dept. of State) P18000049494 (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 Ellison Regenerative Group Inc. 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) New Registered Office Address: 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					
Add					
Remove					
2) Change					
Add					
Remove					
3 ) Change		_			
Add					
Remove					
4) Change			<del> </del>		
Add					
Remove					
5) Change		·			
Add					
Remove					· · · · · · · · · · · · · · · · · · ·
6) Change					
Add			_ <del></del>		
Remove					

Attach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an exc provisions for implementing the ame			
(if not applicable, indicate N/A)			
<del></del>			

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the an sufficient for approval.	nendment(s)
	pproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and	shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and share	eholder
06/14/20	18	
DatedSignature	Robert & len	
(Ву а	director, president or other officer - if directors or officers have	
	ted, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	other court
	Robert Larson	
	(Typed or printed name of person/signing)	
	President Robert W W	-
	(Title of person signing)	