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OCT - 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: TLC DOCUMENT NUMBER: P18000	- Medical 168572	Solutions Inc
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
Matter TLC 4800 NW (Bura Pat blake fishm E-mail address: (to be	Name of Contact Person Name of Contact Person Firm/ Company Address City/ State and Zip Cool used for future annual report	amail com
For further information concerning this matter, ple	ease call:	
Blake Fishman Name of Contact Person	at (20) Area Co) 270-9763 ode & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Dep	ariment of State;
S35 Filing Fee S43.75 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	Straat	Adduses

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 to

FILED

Articles of Incorporation

2018 OCT - | PM 1: 52 (Name of Corporation as currently filed with the Florida Dept. of State) (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 new 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: Florida (City) (Zip Code)

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)

Example:

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	PT John Doe	
X Remove	Y Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	Address
l) Change		
Add		\
Remove		
2) Change		
Add		
Remove	\ \ \	/
3) Change		
Add		\
Remove		
4) Change	+ $ +$ $+$	
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Remove		· · · · · · · · · · · · · · · · · · ·
5) Change		\
Add	1	
Remove		
ර) Change		
Add		
Remove		

ach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
 .	. \
	1
an amendment provides for an ex	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment Itself:
(if not applicable, indicate N/A)	1

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 date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ 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	
hy"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9 34 18	
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)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	