# P180000 77485

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## **COVER LETTER**

Division of Corporations						
NAME OF CORPORATION: Livestrong Medical Inc.  DOCUMENT NUMBER: P18000077485						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
John Papiomits  Name of Contact Person  Livestrony Medical In C  Firm Company  1509 North State Rd 7 SteF  Address  Margate, FL 33063  City/ State and Zip Code  Licensing @ anginsure. Com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
John Papiomitis 1,954, 982 4862						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)						

### Mailing Address

TO: Amendment Section

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

# Articles of Incorporation

of	
Livestrona Med	icalInc
(Name of Corporation as currently f	iled with the Florida Dept. of State)
D1800007748	<
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fle</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.,	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SES 9
	三
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	000 00
	2
	<u> </u>
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent OON	<u> 20101/11715</u>
1509 North	n Strite Rd 7 Stet
(Florida street	address)
New Registered Office Address: Maray	S. Florida 33063
(C)	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	to the second of
I hereby accept the appointment as registered agent. I am familiar with	i and accept the obligations of the position.
Λ / Ω	,
the lane	<del></del>
() Signature of New Reg.	istered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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 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>	Name	Address
1) Change	P	George Ferger	1509 North State
Add Remove		J	Ste F Margate, Fl 330
2) Change			
Add			
Remove			
3) Change		<del>_</del>	<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach ada	ng or adding additional . ditional sheets, if necessar	ry). (Be specific)	gets) nere.		
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provision	ndment provides for an east for implementing the ast applicable, indicate N/A	<u>imendment if not co</u>	ation, or cancellati ntained in the ame	on of issued shares, ndment itself:	
				_	
			<del></del>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for th by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The folemust be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and saction was not required.	shareholder
2-1-19	
Dated )	
Simones Im La 20	
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	e, or other court
appointed fiduciary by that fiduciary)	
<u>John Papion</u>	itis
(Typed or printed name of person signing)	
Presiden	+
(Title of person signing)	