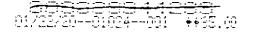
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O SIMMONS FEB 18 2020

COVER LETTER

TO: Amendment Section Division of Corporations	,	. 1	1
NAME OF CORPORATION	: Livina	3 Well A	educal troup, I
DOCUMENT NUMBER:	P1806	0008560) <u>Y. </u>
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.	
Please return all correspondence	e concerning this ma	tter to the following:	
Living	Juing W Juing W Hy w 6 Halea Mail address: (to be us	Name of Contact Person Name of Contact Person Pirm/ Company Address Address City/ State and Zip Code Leaf for future annual report	a Compil. COM.
For further information concer-	ning this matter, pleas	se call:	
Hairin C Name of Contact	DONZO O et Person	at (<u>196</u> Area Coo	de & Daytime Telephone Number
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:
	43.75 Filing Fee & ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 637 Tallahassee,	Section Torporations 27	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

Civing Well Medical	boub, Inc
(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 F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	1) AThe new
name must be distinguishable and contain the word "corporation," "co." Inc., " or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	n/A:
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	nss in Florida, enter the name of the
(Florida stree	et address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wi	ith and accept the obligations of the position.
	NA gistered Agent, if changing
Signature of New Rey	иметеа 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	<u>PT</u>	John Do	<u>c</u>			
X Remove	$\frac{V}{\cdot}$	Mike Jor	nes			
X Add	<u>SV</u>	Sally Sm	<u>iith</u>			
Type of Action (Check One)	<u>Title</u>)	Name A		Address	٨
1) Change	VP.	/	<u> Ulexander</u>	Danua	344 w 65 s Hialeah, A	<u>.</u> ‡
Add					Hialeah, H	33012
Remove						•
2) Change		_ .				_
Add						_
Remove 3) Change		_				–
Add						_
Remove						
4) Change		→				_
Add						_
Remove						
5) Change						_
Add						_
Remove						
6) Change		_				_
Add						_
Remove						_

<u>If amendin</u> Attach <i>addi</i>	ng or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)	
	Ola	
		<u></u>
	·	
•		
		
		•
f an amene	ndment provides for an exchange, reclassification, or cancellation o is for implementing the amendment if not contained in the amendm	issued shares,
(if not	t applicable, indicate N/A)	icht hacht.
	-10	
	n/A	
_		
_		

.

The date of each amendment(s) ac	loption:	, it 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 bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, thi partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendm flicient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) is/are being fi	iled pursuant to s. 607.0120 (11) (c), F.S.	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
Dated	1/9/2020	
Signature		
(By a di		een
	d, by an incorporator—if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	court
ардюнн	cu numerary by data numerary)	
	Mairin Conzales	<u> </u>
	(Typed or printed name of person signing))
	Hoxident.	
	(Title of person signing)	