## P18 000 100 236

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TO: Amendment Section Division of Corporations NAME OF CORPORATION: Clineart, Inc. DOCUMENT NUMBER: P18000100236 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter  $t \phi$  the following: Beaven Ploche Name of Contact Person Clincart, Inc. Firm/ Company 8910 Miramar Parkway, Suite 204 Address Miramar, FL 33025 City/ State and Zip Code info@bilicare.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 954 ) 256-8092

Area Code & Daytime Telephone Number Beaven Ploche 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Clincart, Inc		
(Name of Corporation as	currently filed with the Florida Dept. of St	ate)
P18000100236		
(Document	Sumber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	intes, this <i>Florida Profit Corporation</i> adopts the	ne following amendment(s) to
A. If amending name, enter the new name of the corpor	ation:	
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp." "I word "chartered," "professional association," or the abbr	uc," or "Co". A professional corporation n	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )	
		——————————————————————————————————————
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		119
		<u> </u>
D. If amending the registered agent and/or registered o	flice address in Florida, anter the name of t	<u>ب</u> ب
new registered agent and/or the new registered offic		2
Name of New Registered Agent		<del></del>
· ·	Florida street address) 	
New Registered Office Address:	Florio	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		e position.
		F · · · · ·
		<del></del>
Signature	of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the titl	e 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	CFO	Beaven Ploch	 	8910 Miramar Parkway	
X Add	CEC			Suite 204	
Remove				Miramar, FL 33025	
2) Change	S	Beaven Ploch	e !	8910 Miramar Parkway	
Add				Suite 204	
X Remove				Miramar, FL 33025	
3) Change	D	Lavern Grant		8910 Miramar Parkway	
X Add				Suite 204	_
Remove				Miramar, FL 33025	
4) Change	<del>-</del>	_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change			<u> </u>		
Add					
Remove					

If amending or adding additional Articles, enter char (Attach additional sheets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·	
<del>-</del>	
If an amendment provides for an exchange, reclassification of the second	cation, or cancellation of issued shares,
provisions for implementing the amendment if not c (if not applicable, indicate N/A)	ontained in the amendment resen:
(у посирунсите, такше 1874)	
	,,,
<del></del>	
<del></del>	

The date of each amendment	•	, if other than t
late this document was signed	- May 1, 2019	
Effective date <u>if applicable</u> :		
	(no mo	re than 90 days after amendment file date)
<b>Note:</b> If the date inserted in document's effective date on t		the applicable statutory filing requirements, this date will not be listed as tilecords.
Adoption of Amendment(s)	(CHECK O	NE)
☐ The amendment(s) was/weby the shareholders was/was		ders. The number of votes cast for the amendment(s)
		 olders through voting groups. The following statement   titled to vote separately on the amendment(s): 
"The number of votes	s cast for the amendment(s	   was/were sufficient for approval 
by		
	(voting grou	h)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of	directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorpora	ators without shareholder action and shareholder
May Dated	1, 2019	
Signature	(TS)	
(F se		ther officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court iduciary)
	Beaven Ploche	
	(Typed o	printed name of person signing)
	President and CFO	
	<del>1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</del>	(Title of person signing)