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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: One Health Management Services, Inc. DOCUMENT NUMBER: P18000102501 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lilian Diez Name of Contact Person Firm/ Company 5790 SW 34 Street Address Miami, Fl 33155 City/ State and Zip Code liliandiez@onehealthm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (305) 510-4624 Area Code & Daytime Telephone Number Lilian Diez 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

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enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

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(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

OneHealth Management Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P18000102501 (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: OneHealth Services, 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: (Malling 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) 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change	V	Bettina M. Lozzi-Toscano	12385 SW 125th Terrace
X Add			Miami, Fl 33186
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:	, if other than the
late this document was signed.		
	ıy 29, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the L	block does not meet the applicable statutory filing requirements, this coepartment of State's records.	date will not be listed as the
adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were about the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment sufficient for approval.	u(s)
	oproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	der
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
May 29, Dated Signature	Min)	
selec	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Lilian Diez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	