P1900000 5595

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Medicinas + More Inc. DOCUMENT NUMBER: P1900005595
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Danay Overedo Name of Contact Person Midicinas in More Inc Firm/ Company 11424 Qual Loost December 1997 Address Miami, La 33157 City/ State and Zip Code WA E-mail address: (to be used for future annual report notification)
Confinethon information association this matter allege cells
For further information concerning this matter, please call:
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:
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TO: Amendment Section

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

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

Articles of Amendment

Articles of Incorporation

Afficies of Inc	orporation
Medicinas + More	. Inc
	filed with the Florida Dept. of State)
P 190000055	-95
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Fed Help Medical Centers	OF GUHL Dade, COPP
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 "C word "chartered," "professional association," or the abbreviation "I	lo". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11424 QUAIL ROOST Tr MLAMI PL 33157
, and the second	MIAMI TL 33157
	
C. Enter new mailing address, if applicable:	111711 Qual Post D
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	11424 Quail Roost Dr MiAMI', PL 33157
	MIAMI R 33157
	<u>— — — — — — — — — — — — — — — — — — — </u>
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	/ N -
Name of New Registered Agent Danay	Vevido m
111174 0116	II ROOST Dr = 0
Florida stree	and denoted
1/ / / /	2 1 to 19
New Registered Office Address: MUAPU	Florida 3213 /
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar vi	th and accept the obligations of the position.
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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: 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	L	Villazon, Elvia	2200 N LOHMPRU PARKUA
Add			Suite 200 Weston PL 33326
2) Change	_ρ	Quevedo, Donay	11424 QUAIT ROOST Pr MIAMI, PL 33157
Remove			
3) Change			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

suacii aaaiiional si	ding additional Ar heets, if necessary).	. (Be specific)				
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an amendment p	rovides for an excl	hange, reclassific	cation, or cancel	lation of issued	shares	
<u>rovisions for imp</u>	lementing the ame	ndment if not co	ontained in the a	mendment itsel	<u>f:</u>	
(у посаррисас	ole, indicate N/A)					
	-					
					-	
-			<u>-</u>		<u>_</u>	

The date of each amendment(s) adoption: 04 22 2019, if other than the date this document was signed.
Effective date if applicable: 04 CC 1619 (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 will not be listed as the document's effective date on the Department of State's records.
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
by
☐ 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 04/27/2019
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)
Tresident (Title of person signing)