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AND ASSECT FLORIDA

MAR 2 5 2019

T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: 1 2 3 SHOE ORTH	HOPEDIC INC			
DOCUMENT NUMB					
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
I	'AUL FRANSON				
-		Name of Contact Person	1		
1	LEDGEPLUS				
_	Firm/ Company				
1	150 SOUTH UNIVERSITY DRIVE SUITE C				
_		Address			
1	PLANTATION, FLORIDA	33324			
_		City/ State and Zip Code	e		
PFRA	NSON@LEDGERPLUS.CO	M			
	-	sed for future annual report	notification)		
For further information	concerning this matter, pleas		472-9144		
	Contact Person	at (954)de & Daytime Telephone Number		
	the following amount made				
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O. I	ng Address dment Section on of Corporations 30x 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle ussee, FL 32301		

Articles of Amendment to Articles of Incorporation of



1 2 3 SHOE ORTHOPEDIC INC

(Name of Corporation as currently	filed with the Florida Dep	t. of States MAR IR	D b to
P19000014790		nan	· 44.16
(Document Number of	Corporation (if known)	TALLAHASSEE	07 \$1 Α.: - FLOSIDΔ
Pursuant to the provisions of section 607.1006, Florida Statutes, this F is Articles of Incorporation:	lorida Profit Corporation a	dopts the following ame	ndment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord" chartered," "professional association," or the abbreviation "F	o". A professional corpore	orated" or the abbrevi	new lation in the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			_ _
 If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: 	ss in Florida, enter the nam	ne of the	
Name of New Registered Agent			
(Florida stree	ei address)		
New Registered Office Address:		, Florida	
	City)	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligation	s of the position.	
Signature of New Re	gistered 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	EDWIN MENDIOLA	1830 NW 44TH STREET
X Add			MIAMI, FL 33142
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change	~+ +		
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<u>-</u>	
<u> </u>	
ş <u></u> ,	
	
If an amendment provides for an exchange and a second provisions for implementing the ame	hange, 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
date this document was signed.	
Effective date if applicable:	
(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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast 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 and sha action was not required.	ireholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	lder
MARCH 05, 2019	
Signature D W & M. Muclo-	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
LUIS A MIRANDA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	