P19000015884

(Re	questor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

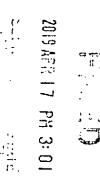
Office Use Only



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03/25/19--01026--011 **35.00

R. WHITE





April 5, 2019

IRENE CAI 601 N CONGRESS AVE STE 412 DELRAY BEACH, FL 33445

SUBJECT: D M Y HEALTH INC Ref. Number: P19000015884

We have received your document for D M Y HEALTH INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist III



Letter Number: 519A00006729

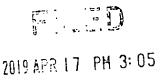
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DMY Health Inc					
DOCUMENT NUMBER: P19000015884						
	of Amendment and fee are su	ibmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Irene Cai					
		Name of Contact Person	1			
	Youngmei Corp					
	Firm/ Company 601 N Congress Ave suite 412					
		Address				
	Delray Beach FL 33445	Address				
	Dellay Beach PL 33443					
		City/ State and Zip Code	e			
youn	gmeicpa@gmail.com					
	E-mail address: (to be u	sed for future annual report	notification)			
		•	•			
For further informatio	on concerning this matter, pleas	se call:				
Irene Cai		561	690-7886			
	of Contact Person	at () 055 7000			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment of State:			
\$35 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)			
Mailing Address		Street Address				
	endment Section	Amendment Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building				
i Buranassee, PL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



D M Y Health Inc (Name of Corporation as currently filed with the Florida Dept. of State P19000015884 (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: 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: (Mailing 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) (Zip Code) 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.

X Change	<u>PT</u>	John Do	<u>xe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		Lina Mao	12735 Biscayne Blvd
<u>v</u> Add				North Miami FL 33181
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		·		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	
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an amendment provides for an excha	INPR. reclassification, or cancellation of issued charge
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption:		, if 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 block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amend approval.	lment(s)
	the shareholders through voting groups. The following s og group entilled to vote separately on the amendment(s	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by(vc	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shar	reholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and sharehol	der
03/18/2019 Dated		
3.g.mar.c	mil 24/20_	
	esident or other officer - if directors or officers have not corporator - if in the hands of a receiver, trustee, or oth	
	ry by that fiduciary)	ar coun
Yanwei Zi	hao	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	

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