## P19000 017 774

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300334316093

09/20/19--01009--022 \*\*35.00

16 SEP 20 AV 9: 11

DIVISION OF CORPORATION

Smend

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SPLENDOR REG	ENERATIVE MEDICINE	INC		
DOCUMENT NUM	P19000017774				
The enclosed Article	es of Amendment and fee are su	abmitted for filing.			
Please return all corr	respondence concerning this ma	atter to the following:			
	ERNESTO DIAZ				
		Name of Contact Perso	11		
	SPLENDOR REGENERAT	IVE MEDICINE INC			
		Firm/ Company			
	11890 SW 8TH STREET SU	JITE #301			
	-	Address	<del></del> .		
	MIAMI FL 33184				
		City/ State and Zip Cod	e		
ILE	ANA DIAZ18@GMAIL.COM				7.3
	_	sed for future annual report	notification)	ند د	15 15 15
For further informati	on concerning this matter, pleas	se call:		به دیک ده	CRETAR ION OF I
ILEANA DIAZ		786 at (	564-5080	- 24 - 35	25886 75887
Name	of Contact Person		de & Daytime Telephone Number	9: 1:1	STA
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		PORATIONS
S35 Filing Fee	□S43.75 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** 

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

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

## Articles of Amendment to Articles of Incorporation of

SPLENDOR REGENERATIVE MEDICINE INC

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	
P19000017774		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the follow	wing amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporal" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mu	abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
		<del></del>
C. Enter new mailing address, if applicable:	N/A	2.5
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<del></del>	
		<u>-11 36</u> _
D. If amending the registered agent and/or registered office ac	dress in Florida, enter the name of the	3990
new registered agent and/or the new registered office addre		9: 9:
N/A Name of New Registered Agent		_ = 5
		တ
(Florida	street address)	
N/A New Registered Office Address:	, Florida	
	(City) (Z	ip Code)
New Registered Agent's Signature, if changing Registered Age	nt-	
I hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the positio	n.
Signature of New	v 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: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	ILEANA DIAZ	9216 SW GRAND CANAL DR
Add XX Remove			MIAMI FL 33174
2) Change Add		N/A	N/A
Remove		N/A	N/A
Add Remove			
4) Change Add		N/A	N/A
Remove			
5) Change Add			N/A
Remove			
6) Change Add			N/A
Remove			

'A	ry). (Be specific)		
<del>-</del>			
			<u>_</u>
		<del></del>	
<del></del>			
		<del></del>	
			<del></del>
-			<del></del>
			<del></del>
<del></del> -	<del></del>		
		<del>_</del>	
	<del>-</del>	<u> </u>	<del></del>
		•	
	exchange, reclassification, o	or cancellation of issued sha	res.
f an amendment provides for an e		in the amendment itself:	
provisions for implementing the a	<u>amendmen</u> t if not contained	···· ··· maivadille ile ilegell.	
If an amendment provides for an eprovisions for implementing the a (if not applicable, indicate N/A)	<u>amendmen</u> t if not contained	marradinent itsell.	
(if not applicable, indicate N/A	<u>amendmen</u> t if not contained	me marendament tisett.	
(if not applicable, indicate N/A	<u>amendmen</u> t if not contained	The second section is a second section of the second section s	
(if not applicable, indicate N/A	<u>amendmen</u> t if not contained	The second section is a second section	
(if not applicable, indicate N/A	<u>amendmen</u> t if not contained		
(if not applicable, indicate N/A	<u>amendmen</u> t if not contained	The second secon	
(if not applicable, indicate N/A	<u>amendmen</u> t if not contained	The second secon	
(if not applicable, indicate N/A	<u>amendmen</u> t if not contained	The second secon	
(if not applicable, indicate N/A	<u>amendmen</u> t if not contained	The particular Rocal Control of the	
(if not applicable, indicate N/A	<u>amendmen</u> t if not contained	The probability results	
If an amendment provides for an eprovisions for implementing the a (if not applicable, indicate N/A)	<u>amendmen</u> t if not contained		
(if not applicable, indicate N/A	<u>amendmen</u> t if not contained		
(if not applicable, indicate N/A	<u>amendmen</u> t if not contained		
(if not applicable, indicate N/A	<u>amendmen</u> t if not contained		

The date of each amendment(s) a	SEPTEMBER 17, 2019	. if other than th
I ne date of each amendment(s) a date this document was signed.	doption:	II other than th
N/A	A.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by N/A	"	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated 09	-17,2019.	
Signature	Envery	
(By a select	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 court nted fiduciary by that fiduciary)	<del></del>
	ERNESTO DIAZ	
	(Typed or printed name of person signing)	·
	PRESIDENT	
	(Title of person signing)	