## P190000024329

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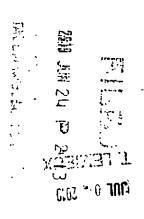
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	<u> </u>	B	Pure	He	alth	Inc.
DOCUMENT NUMBER:	P190	000	02432	9		
The enclosed Articles of Amendme	nt and fee are su	bmitted	for filing.			
Please return all correspondence co	ncerning this mat	tter to th	e following:	:		
E-mail a	11813	SB Pac 29 City/	Address  L  State and Z	any  ck 2  ip Code	tealth load 362t	n Inc.
For further information concerning	this matter, pleas	e call:				
Osman Vildir Name of Contact Pe	im		at ( 🙎	50	1 218	9891
					•	e Telephone Number
Enclosed is a check for the following	g amount made p	payable	to the Florid	la Depar	tment of Sta	ite:
	5 Filing Fee & cate of Status	Cer , (Ad	3.75 Filing F tified Copy ditional copy dosed)		Certified	ite of Status I Copy nal Copy
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327	on				nent Section of Corpora	

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

## Articles of Incorporation of

WNB PU	1e Heal.	th Inc.	-	:
(Name of Corpo	ration as currently	filed with the Flor	rida Dept. of Stat	<u>e</u> )
P 19 c	00002437	9	25명 보체 2년	15 5 13
	ocument Number of (		wn)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corpo	oration adopts the	following amendment(s
A. If amending name, enter the new name of th	e corporation:			
•				
name must he distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "C	o". A professiona	"incorporated" of l corporation nan	The new or the abbreviation the must contain the
B. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET A</u>				<del></del>
				<del></del>
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	<del></del>		<del> </del>
<ol> <li>If amending the registered agent and/or reginew registered agent and/or the new registered.</li> </ol>		ss in Florida, ente	r the name of the	
	ed office address.			
Name of New Registered Agent		<del> </del>		<del></del>
	(Florida stree	t address)		
New Registered Office Address:			, Florida	
	t C	Ίην)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	<del>Registered Agent:</del> nt - Lam familiar wi.	th and accept the a	hligations of the n	asitian
and the second of the second o		and accept the of	aganous of the pe	75H417H,
S	ignature of New Reg	istered Agent, if cl	anging	

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 Doc 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.

Mike Jones, V as Remove,	and Sali	y 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>	Address
1) Change	<u>A.</u>	Eugene Honrath III	11818 Race Track Road
X Add			Tampa, FC
Remove			33626
2) X Change	<u>TS</u>	Osman Vildirim	11818 Race Track la
Add			Tampa, Fc
Remove			33626
3) Change		-	
Add			
Remove			
4) Change			
Add		_	
Remove			
5) Change			
Add			
Remove		-	
Kemore			
6) Change	<del></del> -		
Add		-	
Remove		_	

	(Be specific)		
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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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	ĺ
☐ 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 6 19 19	
Signature  (By a shector 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)	
Presiden+ (Title of person signing)	