## P19000046087

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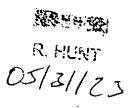
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	MATIONAL CORP	· · · · ·		
DOCUMENT NUM	P19000046087 BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	JUAN CARLOS RODRIGU	EZ			
		Name of Contact Persor	1		
	INSTITUTE OF BIO-CELLULAR OPTIMIZATION				
	824 LAKE AVE, NO 389				
	Address				
	LAKE WORTH, FL 33460				
City/ State and Zip Code					
	jcr@biofarvint.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
JUAN CARLOS RODRIGUEZ		at (305	776-3696		
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	artment of State:		
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co 2415 P	Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

H	HC.	)FA	RV	INT	FRNA	TION	ΑI	CORP
	Η.	,, ,,	\	1171			/ <b>.</b>	

(Name of Corporation of gurren	tly filed with the Florida Dept. of	(Stata)
( <u>Name of Corporation as curren</u> 19000046087	ny med with the Florida Dept. of	<u>State</u> )
	of Corporation (if known)	
arsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopt	s the following amendment(
If amending name, enter the new name of the corporation:		
IN, INC.		The new
ame must be distinguishable and contain the word "corporation." Inc" or Co" or the designation "Corp," "Inc," or "Co". chartered." "professional association," or the abbreviation "P.A	A professional corporation name	he abbreviation "Corp.,"
. Enter new principal office address, if applicable:	824 LAKE AVE	
Principal office address MUST BE A STREET ADDRESS )	NO 389	
	LAKE WORTH, FL 33460	/ sac 418
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	824 LAKE AVE	81 PH
	NO 389	O THE STATE OF THE
	LAKE WORTH, FL 33460	, <sup>m</sup> 9
O. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent		of the
(Florida .	street address)	<del></del>
New Registered Office Address:	ŢFI	orida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of	the position.
Signature of New	Registered Agent, if changing	
Theck if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	) (e), F.S.	

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove		<u>-</u>	
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			
Remove		_	
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del>-</del>	
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	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 the document's effective date on the	s block does not meet the applicable statutory filing requirements Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	lder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes e	ast for the amendment(s) was/were sufficient for approval	
by	·*	
· ,	(voting group)	
Dated	MAY 23RD, 2023	
Signature	Lu-	
o di (1)	director, president or other officer – if directors or officers have rected, by an incorporator – if in the hands of a receiver, trustee, or obinted fiduciary by that fiduciary)	
	JUAN CARLOS RODRIGUEZ	
	(Typed or printed name of person signing)	- · - · · - · · -
	DIRECTOR	
	(Title of person signing)	