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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	MARKET SALU ATION:	D, CORP.		
DOCUMENT NUMB	P190000 <u>5</u> 4037 ER:			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	KANNY M DIAZ			
-	MARKET SALUD, CORP.	Name of Contact Person	n	
-	186 SE 12 TERRACE SUIT	Firm/ Company 'E 100		
-	Address MIAMI, FL 33131			
-		City/ State and Zip Cod	e	
BRIC	KELLSERVICES@GMAIL	.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
KANNY M DIAZ		786 at (315-7672	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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 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

	market S		<u> </u>		_	
(<u>Name (</u>	of Corporation as currently	filed with the Flo <u>rida</u>	Dept. of State)		
	(Document Number of C	Corporation (if known)	<u> </u>			
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this Fi	orida Profit Corporati	on adopts the fi	ollowing	g amendm	ent(s) te
A. If amending name, enter the new na	ime of the corporation:					
					The nev	١.
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design	ation "Corp." "Inc." or "Ce	o". A professional co	corporated" or rporation name	the ab must c	- breviatio	n
word "chartered," "professional associa	tion," or the abbreviation "P.	A. "		,	20	
B. Enter new principal office address,	if applicable:				196	es · · ·
Principal office address <u>MUST BE A S</u>					007 2	This is
				- 69		•
C. Enter new mailing address, if appli	cable:			·	$\dot{\sim}$	e.*
(Mailing address <u>MAY BE A POST</u>)	OFFICE BOX)				-	
					Ų.	
						
			<u>-</u>			
D. If amending the registered agent an	d/or registered office addres	s in Florida, enter th	name of the			
new registered agent and/or the nev		2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	KANNY M DIAZ					
Name of New Registered Agent						
	·					
	(Florida stree			33131		
New Registered Office Address:	186 SE 12 TERRACE SUIT	E 100, MIAWI	, Florida_	33131		
	(0	ity)		(Zip C	lode)	
New Registered Agent's Signature, if c						
hereby accept the appointment as regist	ered agent. I am familiar wi	h and accept the oblig	ations of the po	sttton.		
	~ 000					
	(WHI					
	Signature of Note Da	istered Agent, if chang	oino			
	Signature of New Kes	аменей муст, у стац	ing.			

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	Y	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One) 1) Change	Title P	Name SUAREZ APONTE, NAPOLEON J	Address 1868), 12 HRR ACT, 50 HJ 100, MIAMETI, 53 HJ
Add X Remove			
X 2) Change	P/V/S	KANNY M DIAZ	196 SE 12 FERRAL E SELLE, RO MEANGER 33 DE
Add			
Remove			
3) Change		-	
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch	ange, reclassification,	or cancellation of issue	ed shares.	
provisions for implementing the ame (if not applicable, indicate N/A)	ngment it not contained	a in the amengment its	<u>sen.</u>	
				_

The date of each amendment(s) ad	loption:	, if other than
date this document was signed. OC	TOBER 18, 2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 10	-18-2019 CAAA	
(By a d selected	irector, president or other officer – if directors or officers have not been d. by an incorporator – if in the hands of a receiver, trustee, or other court ted/fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	P/V/S	
	(Title of person signing)	

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