P190000 60603

(Re	questor's Name)	<u>.</u>		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	<i>≥</i> #)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MEDHE	EALTH CLINICAL, INC.	
DOCUMENT NUMBER: P1900006060		
The enclosed Articles of Amendment and		
Please return all correspondence concerni	ng this matter to the following:	
DERRICK TAVE	RAS, PRESIDENT	
	Name of Contact	Person
MEDHEALTH CL		
	Firm/ Compa	iny
2699 LEE ROAD,	SUITE 304	
	Address	
WINTER PARK, I	FL 32789-1740	
	City/ State and Zi	p Code
accounting@pfmit	chell.com	
E-mail addres	s: (to be used for future annual	report notification)
For further information concerning this m	natter, please call:	
DERRICK TAVERAS	_{01.7} 407	947-6498
Name of Contact Person	ar \Aı	rea Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount made payable to the Florid	a Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	_	Certificate of Status
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns [Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MEDHEALTH CLINICAL, INC.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000060603	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	77
name 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 must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	7020 AP3
	AP :
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	2
D. 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 N/A	_
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address: N/A	
New Registerea Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	
	,
1//4	
Signature of Nature	Registered Agent, if changing
Signatir e of New	negmereu agem, 9 enunguig

Check 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)

Example:

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>e</u>	
X Remove	<u>y</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	TS	_	MEDHEALTH HOLDING, INC.	2699 LEE ROAD, SUITE 304
Add				WINTER PARK, FL 32789-1740
Remove				
2) Change	P.CEO	_	DERRICK TAVERAS	2699 LEE ROAD, SUITE 304
X Add				WINTER PARK, FL 32789-1740
Remove 3) Change		_	<u> </u>	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amendin	g or adding additional Ar	ticles, enter change	(s) here:		
	itional sheets, if necessary).	(Be specific)			
N/A					
-					<u> </u>
					
 -	<u> </u>				
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				-	
F. If an amen	dment provides for an exc	hange, reclassificat	ion, or cancellation	of issued shares	
<u>provisions</u>	s for implementing the am	endment if not con	tained in the amend	ment itself:	
(if not	t applicable, indicate N/A)				
N/A					
			-		
					
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				_	
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-		· · · · · · · · · · · · · · · · · · ·			
		-			
				 	

	04/17/2020		
The date of each amendment(s) ac	loption:		, if other than tl
date this document was signed.			
04/1	7/2020		
Effective date <u>if applicable</u> :	(· · · · · · · · · · · · · · · · · · ·	days after amendment file date)	
	(no more man 90	days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applica partment of State's records.	able statutory filing requirements, this date w	rill not be listed as t
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add action was not required.	pted by the incorporators, or bo	oard of directors without shareholder action at	nd shareholder
☐ The amendment(s) was/were add by the shareholders was/were su		number of votes cast for the amendment(s)	
must be separately provided for "The number of votes cast	each voting group entitled to ver for the amendment(s) was/were	• •	
by		."	
,	(voting group)		
APRIL 17,	2020		
Dated			
_ _			
Signature) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
selected	rector, president or other office I, by an incorporator – if in the ed fiduciary by that fiduciary)	er – if directors or officers have not been hands of a receiver, trustee, or other court	
	DERRICK TAVERAS		
	(Typed or printed na	ame of person signing)	
	PRESIDENT and CEO		
	(Title of person sign	nin (1)	