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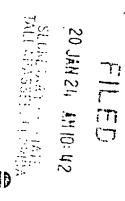
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION:	holski In	<i>C</i>		
DOCUMENT NUMBER:	1000066	481		
The enclosed Articles of Amendment and fee are sub-	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
	Tuckolski Name of Contact Person			
	Firm/ Company			
6825 Gui	Firm/Company 1 Ford Breds	pe DIZ		
	L FL 33 City/ State and Zip Code	_		
E-mail address: (to be us	Joe ZAK ed for future annual report	TO GMAIL COM		
For further information concerning this matter, please call:				
Toseph Tuchalski	at (<u>803</u>	de & Daytime Telephone Number		
Enclosed is a check for the following amount made p	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)	☐\$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	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation
of

Tuckols	KI INC.
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
D19	00001 6481
(Document Nur	nber of Corporation (if known)
`	•
Pursuant to the provisions of section 607,1006. Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporati	on:
Medicace Access	Plans Inc. The new
name must be distinguishable and contain the word "corporation	on," "company," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	6825 Guilford Bridge DR Apollo Bench, FL 33572
(Principal office address MUST BE A STREET ADDRESS)	1 1 7 1 1 72 72 71
	Apollo Beach, FL SSS / 2
	•
C. Enter new mailing address, if applicable:	SAME Son
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	700
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office a	idress:
Name of New Registered Agent	
	(D ≥ ~~
(Flo	rida street address)
V n i i lovo i illiano	, Florida
New Registered Office Address:	(City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am far	niliar with and accept the obligations of the position.
Signature of	New 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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
t) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			35.00
Add			
Remove			20. 5
4) Change			
Add			<u></u>
Remove			—— 10 15 15 15 1
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			
		Page 2 of 4	
E. <u>If amending or add</u> (Attach <i>additional sh</i>		ional Articles, enter change(s) here: cessary). (Be specific)	

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	(2) 2	24	-
(if not applicable, indicate N/A)			المحية المحيدة
N/A	= ::.,	=	: 1 (
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Page 3 of 4			
The date of each amendment(s) adoption:		_, if othe	r than th
date this document was signed.			
Effective date if applicable: (no more than 90 days after amendment file date)			_
(no more than 90 days after amendment file date)			

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK GNE)			
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	11		
"The number of votes east for the amendment(s) was/were sufficient for approval			
by			
(voting group)			
☐ 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 //21/2020			
Signature			
(By a director, 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)			
Toseph Tuckolski (Typed or printed name of person signing)			_
President	\mathbb{Z}_{S}	N	
(Title of person signing)		J	_
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