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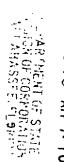
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	MG Therapy Servi	ces Corp	
DOCUMENT NUMB	P20000002027 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Magdalena Mendoza		
•	MG Therapy Services Corp	Name of Contact Person	1
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	9024 SW 153 CT		
•	Miami, FL 33196	Address	
		On 10: 11: 0 1	
		City/ State and Zip Code	2
	mamendoza112@gmail.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Magdalena Mendoza		305 at (	726-3434
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:
S35 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Entre of Tallahassee V. Monroe Street, Suite 810 Issee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MG Therapy Services Corp			
P20000002027	of Corporation as currer	ntly filed with the Florida Do	ept. of State)
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association."	Corp," "Inc," or "Co".	A professional corporation	
		N/A	>
B. Enter new principal office address, (Principal office address MUST BE A S			
(Trincipal ogject address <u>most berns</u>	7111221 710211255 /		
			是第 B
			5 6 8
C. Enter new mailing address, if appl		N/A	SECOND E
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
			<b>三</b>
			<u> </u>
D. If amending the registered agent ar			ame of the
new registered agent and/or the new	w registered office addre	ess:	
Name of New Registered Agent	N/A		
		· <u>·······</u>	
	(Florida	street address)	<u>.</u>
	N/A	sireer address)	
New Registered Office Address:			, Florida
		(City)	(Zīp Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ons of the position.
			· ···· · · · · · · · · · · · · · · · ·
	Signature of New	Registered Agent, if changing	<u> </u>

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>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nițh</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		Magdalena Mendoza	9024 SW 153 CΓ
X Add		_		Miami, FL 33196
Remove				
2) Change		_		
Add				
Remove 3) Change		<del></del>	<del></del>	
Add				
Remove				
4) Change		_		
Add				
Remove				<del></del>
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Arti	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
<u></u>	
<u> </u>	
·	
· · · · · · · · · · · · · · · · · · ·	
F If an amendment provides for an exch	lange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
IN/A	
· · · · · · · · · · · · · · · · · · ·	
·	

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,	
	(no more than 90 days after amendment file date,	)
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the am afficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
February 1	3th, 2020	
✓ Signature <u> </u>	irector, president or other officer – if directors or officers have	not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or of	other court
appoin	ted fiduciary by that fiduciary)	
	Magdalena Mendoza	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del> </del>