Division of Corporations Electronic Filing Cover Sheet

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(((H20000193474 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : VITALMD GROUP HOLDING

Account Number : I20090000005

Phone : (305)273-4641

Fax Number : (305)273-0405

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

jennperez@femwell.com Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN RACHELCYRLAK9943, INC.

Certificate of Status	0
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JUN 2 5 2020

Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RACHELCYRLA	K9943, INC.	···
DOCUMENT NUME	ER: P20000015936		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	JENNIFER PEREZ		
•		Name of Contact Perso	on
	FEMWELL GROUP HEAL	TH, INC.	
		Firm/ Company	· .
	3225 AVIATION AVENUE	, SUITE 700	
	·	Address	
	MIAMI, FLORIDA 33133		
	-	City/ State and Zip Coo	de
	JENNPEREZ@FEMWELL.	СОМ	
	E-mail address: (to be us	sed for future annual repor	t notification)
For further information	n concerning this matter, pleas	se call:	
		at (
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
• \$35 Filing Fee	OS43.75 Filing Fee & Certificate of Status	O\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	O\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address Indment Section Ission of Corporations Box 6327	Amen Divisi	t Address dment Section on of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RACHELCYRLAK9943, INC.	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P20000015936	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
RACHELCYRLAKCUSNIER9943, INC.	The new
	n," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
• •	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	∑in € "Y
D. Married and a sent and a majetaned office	(0) 1 PO
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent N/A	
Name of New Registered Agem	
	ida street address)
	·
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am famili	
	, and the description of the production
6	In Design I to a Columbia
Signature of N	lew Registered Agent, if changing

Check if applicable

O 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	$\underline{\mathbf{V}}$	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	Р		RACHEL CYRLAK CUSNIER	3225 AVIATION AVENUE
Add				SUITE 700
Remove				MIAMI, FLORIDA 33133
2)Change		<u>_</u>		
Add				
Remove 3)Change				
Add				
Remove				
4)Change		_		
Add				
Remove				
5)Change				
Add				
Remove				
6)Change		_		
Add				
Remove				

	-
	<u> </u>
If an amendment provides for an exchange, reclassification, or cancellation of issued sharprovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	es,
	· · ·
	

(((H20000193	474 (3)))
, if other	than	the

DocuSign Envelope ID: 82EC4393-1596-47BC-BBOC-C362ABC97A11

The date of each amendment(s date this document was signed.) adoption:, it other tha
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a action was not required.	ndopted by the incorporators, or board of directors without shareholder action and shareholder
O The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.
must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
Signatura	Junifer Perez, Esq.
(By sele	a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	JENNIFER PEREZ
	(Typed or printed name of person signing)
	REGISTERED AGENT (FGH REGISTERED AGENT SERVICES, LLC)
	(Title of person signing)