Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000251813 3)))



H200002518133ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

т	^	٠
•	v	٠

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN INTUITIVE THERAPHY LOGISTICS INC

	الخطاعة وبراجي والمستخطرة براجين والواري
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Articles of Amendment to Articles of Incorporation of

INTUITIVE THERAPHY LOGISTIC INC

Florida Document Number: P20000042306
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
NEW NAME INTUITIVE THERAPY LOGISTIC INC
2020 706 -
These articles of amendment were adopted on
The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval. Signature
MERCY HERNANDEZ Printed Name and Title
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing