P20000045838

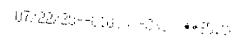
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
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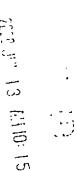
Office Use Only



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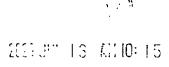
COVER LETTER

TO: Amendmen Section
Division of Corporations

NAME OF CORPORATION:	HEA	ALING TOUCH MEDICA	AL, INC
DOCUMENT NUMBER:		P20000045838	
The enclosed Articles of Amendment a	and fee are sub	omitted for filing.	
Please return all correspondence conce	rning this mat	ter to the following:	
	(CARLOS I BERMUDEZ	
-		Name of Contact Person	1
-		Firm/ Company	
	4355 WE	ST 16 AVE SUITE 212	
		Address	
	f	HALEAH, FL 33012	
		City/ State and Zip Cod	e
For further information concerning this CARLOS I BERMUDEZ	matter, please	at (8240637
Name of Contact Person	1	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following a	mount made p	ayable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 F Certificat	iling Fee & e 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)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327	ions	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 3231	14	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HEALING TOUCH MEDICAL INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P20000045838	·
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	Porida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	y". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	<u> </u>
tFlorida stree	t address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	(Zip Code) th 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.

Example: X Change	<u>PT</u>	John Dog	
\underline{X} Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VΡ	LEIBNYZ DOMINGUEZ	4355 WEST 16 AVE SUITE 212
X Add			HIALEAH,FL 33012
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach <i>additional sheets, if necessary</i> ((Be specific)				
					
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	·-				
			 _		
				_	
					
f an amendment provides for an exc provisions for implementing the ame	hange, reclassifica	tion, or cancellat	<u>ion of issued shar</u> endment itself:	res,	
(if not applicable, indicate N/A)	CHAMICAL II II II COL	tunica in the mine			
·					
·					
		· -			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : tho 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 dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast 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 sharehold action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder 	er
action was not required.	
Dated	
Dated	
(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 cou appointed tiduciary by that fiduciary)	
CARLOS I BERMUDEZ	
(Typed or printed name of person signing)	<u></u>
President	
(Title of person signing)	

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