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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.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

ر دغ Account Name : PEDRO LUTQUINOS Account Number : I20170000042 Phone : (954:655-8413

Phone : (954)655-8413 Fax Number : (954)432-8867

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

Enail Address: PLUZOWI NULFQ HOTMAIL. COR

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Y SULKER SEP 1 4 2020 .TO: Amendment Section

COVER LETTER

Division of Corp	orations		
NAME OF CORPO	RATION: FIEL WELLNES	S MENTAL HEALTH INC	
	BER: P20000052455		
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
	CRISPIN A, FIEL		
		Name of Contact Perso	n
		Firm/ Company	
	2141 SW 1ST STREET STI	E 204-205	
		Address	
	MIAMI, FL 33135		
		City/ State and Zip Cod	¢
PLUZ	ZQUINOSF@HOTMAIL.CC	ЭМ	
	E-mail address: (to be u	sed for future annual report	nolification)
		· ·	······,
For further information	n concerning this matter, plea	se call:	
PEDRO LUZQUINOS		at (⁹⁵⁴	655-8413
Name o	of Contact Person	•	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	urtment of State;
S35 Filing Fee	□\$43.75 Filing I'ee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address		Street .	<u>A</u> ddress
Amendment Section			ment Section
Division of Corporations			n of Corporations
	Box 6327		Building
rana	hassee, FL 32314	2661 E:	vecutive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P20000052455		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following	; amendment(s)
. If amending name, enter the new name of the corporation:		
true must be distinguished.	: 	The new
came must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or cord "chartered," "professional association," or the abbreviation	"Co" A professional correspondent name must be	breviation ontain the
B. Enter new principal office address, if applicable;	2141 SW 1ST STREET STE 204-205	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33135	
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2141 SW 1ST STREET STE 204-205	20.0
	MIAMI, FL 33135	ਹ ਹ
. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	dress in Florida, enter the name of the	 k:
Name of New Registered Agent		
(Florida sa	reet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Co	de)
W Registered Agent's Signature, if changing Registered Agent	<u> </u>	
erchy accept the appointment as registered agent. I um familiar	with and accept the obligations of the position.	

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H200003159423

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:

Changes should be noted in the following manner. Currently John Doc 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> ∧dd	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			· ·
2) Change			_
Adđ			
Remove			
3) Change			···
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

1 >> 850-617-6381 17 20000 3 15 9423

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
·	
· · · · · · · · · · · · · · · · · · ·	
ovisions for implementing the among	inge, reclassification, or cancellation of issued shares, dment if not contained in the amondment itself:
(if not applicable, indicate N/A)	not contained in the anjeudinent itself:
-	
-	

The date of each amendmen	09/10/2020 t(s) adoption:	
date this document was signed		, if other than the
Effective date if applicable:	09/10/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	of be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement af for each voting group entitled to vote separately on the umendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wern action was not required.	e adopted by the incorporators without shareholder action and shareholder	
09/10/ Dated	2020	
Signature	Chiel	
ŞCI	y a director, president or other officer - if directors or officers have not been lected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	CRISPIN A, FIEL.	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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