P2000056502

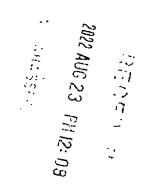
(Re	questor's Name)	
(Ad	dress)	- +
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	J. MORM AUG 2 4 20	VE 22

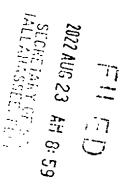
Office Use Only



100392830301

08/23/22--01013--029 **70.00





CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

ŀ			•	WALK IN			
	-	P	PICK UP:	8/23 DANNY			
		CERTIFIED COPY	,				
	XX	РНОТОСОРУ					
		CUS					
	XX	FILING	INC	AMEND	_	<u> </u>	
1.	_	PLATINUM HEALT (CORPORATE NAME AND D	CH SOLUTIOCUMENT #)	ONS, INC			
2.	_	(CORPORATE NAME AND D	OCUMENT #)			-	
3.	_	(CORPORATE NAME AND D	OCUMENT #)				
4.	_	(CORPORATE NAME AND D	OCUMENT #)	<u></u>			
5.	_	(CORPORATE NAME AND DO	OCUMENT #)				
6.	-	(CORPORATE NAME AND DO	OCUMENT #)				
	CIAI. TRU(CTIONS:					
					<u> </u>		

COVER LETTER

TO: Amendment Section Division of Corporations	,	
NAME OF CORPORATION: Platin	em Hacht	SolationsInc
DOCUMENT NUMBER: Y2000	>00 <i>5650</i>	2
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Abel	Zubair	
Platinem	Name of Contact Perso Health	utions. Inc.
5499 N. Fe	deral Hier	p, Serite A
BocaRator	1, F) 3345	37
A1 1 —	City/ State and Zip Cod	
E-mail address: (to be u	bar 9/@	gnail com.
For further information concerning this matter, plea	ase call:	
	at ()
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Address
Amendment Section		ment Section
Division of Corporations P.O. Box 6327		n of Corporations
Tallahassee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810
	47131	ii montoc aucci, autic 010

Tallahassee, FL 32303

Articles of Amendment

to

Articles of the	orporation
Platinem Hea	All Jote Signer & Live
(Name of Corporation as currently	filed with the Florida Dept. of State)
P20000056502	
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
nama must ha distinguishable and contain the way I'm	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	ompany, or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
charterea. projessional association, or the appreviation P.A.	
B. Enter new principal office address, if applicable:	F6 \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	E0 6
C. Fort	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
man button vitte box	
	
D. If amending the registered agent and/or registered office addresses	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	7 1
Name of New Registered Agent Hh. ev.	Leelvais
~ 100 1) T	011 X + 1A
3477 N. FeC	etal Hwy Jule 17
(Floridg stre	et address)
New Registered Office Address: OCA K	2101 Florida 3348/
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
1/2	
	
Sintra CV - for	oldered to an of the con-
Sugnature of New Res	gistered Agent, if changing
Check if applicable	
The amendment(s) is/are being filed pursuant to s. 607.0120.(11) (a	a ee

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	PT John	1 Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	7	David Asenault	5499 N. Tederal Hoy
Add		0) 1 1	Boca Rober 7 L3347
2) Change	1	Hole Laba:	5489 N. Federal Hory
Remove Change			Boca Roton, Th 3348
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		·····
		
		_
		·
		-
		<u></u>
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amen	ndment if not contained in the amendment itself:	
Lit not applicable indicate M/A		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

.

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromust he separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
Dated	8/22/2022	
Signature		
(By a dir	ector, 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 court	
appointe	d fiduciary by that fiduciary)	
-	David Hosenault	
	(Typed or printed name of person signing)	
_	Dresident.	
	(Title of person signing)	