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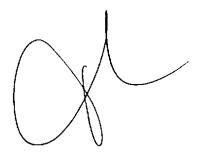
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Beyond Med Plans	Inc.			
	IBER:				
The enclosed Article	s of Amendment and fee are sub	omitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	Brent Weiss				
		Name of Contact Persor	 1		
	Beyond Med Plans INc.				
		Firm/ Company			
	4500 Biscayne Blvd, Suite 30	· ·			
	Address				
	Miami, FL 33137				
		City/ State and Zip Code	2		
	Brent@beyondmedplans.com				
		ed for future annual report	notification		
For further informati Brent	on concerning this matter, pleas	e call: at (⁹⁵⁴	790-7911		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made p	nayable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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 Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisie The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Beyond Med Plans Inc.			
(Name	of Corporation as currently fi	led with the Florida	Dept. of State)
	(Document Number of C	orporation (if known))
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporat	ion adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	Corp," "Inc," or "Co". A p	npany," or "incorpora rofessional corporat	The new ated" or the abbreviation "Corp.," ion name must contain the word
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent ar new registered agent and/or the ne		s in Florida, enter th	se name of the
Name of New Registered Agent	Brent Weiss		
	3131 NE 1st Ave Apt. 1916		
	(Florida street	address)	
	·		
New Registered Office Address:	Miami (Ci	 -	, Florida

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

Check if applicable

■ 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)

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> 15.1.</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change	PTSD	Shaun Weiss	4500 Biscayne Blvd Ste 306
Add			Miami, FL 33137
X Remove			
2) Change	PTSD	Brent Weiss	4500 Biscayne Blvd Ste 306
Add			Miami, FL 33137
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	mal sheets, if neces	sary). (Be specifi	c)			
'A						
						
				-		
		<u></u>				
If an amend	nent provides for	ın exchange, recla	ssification, or can	cellation of issued	shares,	
provisions t	or implementing t	<u>he amendment if n</u>	ot contained in th	e amendment itse	<u>·lf:</u>	
(if not a	oplicable, indicate	N/A)				
A						
,						
						

.

The date of each amendment(s) adoption date this document was signed.	6/2/2023 tion:		
			. if other than the
Effective date if applicable:			
	(no more than 90	lays after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicat	de statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	by the incorporators, or boa	rd of directors without shareholder ac	ction and sharcholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The nunt for approval.	imber of votes cast for the amendmen	ıt(s)
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through poting group entitled to vote	n voting groups. The following staten	nent
"The number of votes east for the		efficient for approval	
	(voting group)	."	
Dated9/5	[2017	_	
Signature (By a director), selected, by an appointed fiducial	resident or other officer – i incorporator – if in the hand iary by that fiduciary)	f directors or officers have not been is of a receiver, trustee, or other cour	1
	Brent Wic	رخن	
	(Typed or printed name of	of person signing)	
			
	(Title of person signing)		