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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Cell Fix Franchis	e, Inc.			
DOCUMENT NUM	P2000064401				
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.			
Please return ail corr	respondence concerning this ma	atter to the following:			
	Savannah Audino				
	Name of Contact Person				
	McIntyre Thanasides Bringgold Elliott Grimaldi Guito & Matthews, P.A.				
Firm/ Company					
500 E Kennedy Blvd, Suite 200					
Address					
Tampa, FL 33602					
City/ State and Zip Code					
saudino@mcintyrefirm.com					
	E-mail address: (to be used for future annual report notification)				
	•		,	2023 MAY 18 SECRETAR TALLAH	
For further informati	on concerning this matter, plea	se call:		23 MAY 18 PH 4: 17 ECRETARY OF STATE TALLAHASSEE, FL	
Savannah Audino		at (<u>813</u>	223-0000	PH STAT	
Name of Contact Person		Area Code & Daytime Telephone Number		- L 在 -	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Cell Fix Franchise, Inc.						
(Name of Corpor	ration as currently	filed with the Flor	ida Dept. of State)			_
P20000064101						
(De	cument Number of	Corporation (if kno-	wn)			_
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corpo	ration adopts the follow	wing amend	ment(s)	ю
A. If amending name, enter the new name of th	e corporation:					
				The n	ww	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the ab	nc," or "Co". A	mpany," or "incorp professional corpo	orated" or the abbrevi ration name must con	ation "Corp)., ··	
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET</u>)					<u>-</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)				-	
D. If amending the registered agent and/or reginew registered agent and/or the new register Name of New Registered Agent			_	SECI	2023 HAY 18	
Name of New Registered Agem					ΗAΥ	
	(Florida stree	t address)		— ₹	8	
New Registered Office Address:	·		. Florida	22 S	7	
men negative oyne maness	(0	liy)		ip Códen	- 	,_
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar wi	th and accept the ol	oligations of the positio	'	7	
Si	ignature of New Reg	istered Agent, if ch	anging			
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)

Example:

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>PT</u>	John Doe	
X Remove	<u>V</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
I) X Change	P D	Majdi Baker	31026 Creekridge Drive
Add			Wesley Chapel, FL 33543
Remove X Change	VS	Anwar Baker	4385 Scarlet Loop
Add			Wesley Chapel, FL 33544
Remove Change	T	Hamdi Baker	1253 Salt Clay Court
Add			Wesley Chapel, FL 33543
Remove			
4) Change			S 283
Add			1 10 mA
Remove			<u> </u>
5) Change			<u> </u>
Add			
Remove			
6) Change			<u>.</u>
Add			
Remove			

amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)	
	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
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	- Fri
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	16.0
	<u> </u>
	TALLAHASSEE, FL

The date of each amendment(s) ac	loption:	, if other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requires partment of State's records.	nents, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sha	ireholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the fficient for approval.	: amendment(s)
	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
May 11, 20 Dated Signature	mall Bar	
(By a di selected	rector, president or other officer – if directors or officers h. l, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	Majdi Baker	
	(Typed or printed name of person signing)	
	President and Director	
	(Title of person signing)	

. . . .

SECREDUCY OF STATE
TALLAHASSEE, FL

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