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| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | ORATION: Beyond Med Plans | s Holding Inc. | |
|-----------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| DOCUMENT NUM | HBER: | | |
| The enclosed Article | es of Amendment and fee are su | bmitted for filing. | |
| Please return all cor | respondence concerning this ma | tter to the following: | |
| | Brent Weiss | | |
| | | Name of Contact Perso | <u> </u> |
| | Beyond Med Plans Holding I | | |
| | | Firm/ Company | |
| | 4500 Biscayne Blvd, Suite 30 | 06 | |
| | | Address | - |
| | Miami, FL 33137 | | |
| | <u> </u> | City/ State and Zip Cod | e |
| | Brent@beyondmedplans.com | | |
| | E-mail address: (to be us | ed for future annual report | notification) |
| For further informati | on concerning this matter, pleas | e call:at (| . 790-7911 |
| Namo | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check t | or the following amount made p | | • |
| □ \$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) |
| An Dis P.C | niling Address nendment Section rision of Corporations D. Box 6327 lahassee, FL 32314 | Amend Divisio The Co 2415 N | Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303 |

Articles of Amendment to Articles of Incorporation of

| Beyond Med Plans Holding Inc. | | | |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------|
| (<u>Name o</u> | of Corporation as currently | filed with the Florida Dept. of | <u>State</u>) |
| | (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this F | Storida Profit Corporation adopts | the following amendment(s) to |
| A. If amending name, enter the new n | ame of the corporation: | | |
| | | | The new |
| name must be distinguishable and contain "Inc" or Co" or the designation "Cohartered," "professional association," | Corp." "Inc." or "Co". A | ompany," or "incorporated" or the professional corporation name | ne abbreviation "Corp.," must contain the word |
| B. Enter new principal office address, (Principal office address MUST BE A S | | | |
| | | | |
| | | | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | | | <u> </u> |
| | | | |
| | | | |
| D. If amending the registered agent ar | | ess in Florida, enter the name of | <u>f the</u> |
| new registered agent and/or the new | v registered office address: | | |
| Name of New Registered Agent | Brent Weiss | <u></u> | |
| | 3131 NE 1st Ave Apt. 1916 | | |
| | (Florida stre | • | |
| New Registered Office Address: | Miami | , Flo | orida 33137 |
| | (| City) | (Zip Code) |
| | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | hanging Registered Agent: ered agent. I am familiar w | ith and accept the obligations of t | 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.

| Example: X Change | PT | John Doe | |
|----------------------------|-----------------|-------------|----------------------------|
| X Remove | \underline{V} | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) 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 |
| X Add | | | Miami, FL 33137 |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | - |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| If an amen | dment provides i | <u>for an</u> excha | nge, reclassifi | gation, or can | cellation of iss | ued shares, | |
| provisions | s for implementir | ng the amen | lment if not c | ontained in th | e amendment | itself: | |
| (if not | applicable, indic | ate N/A) | | | | | |
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| The date of each amendment(s) adoption: | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| date this document was signed. | , if other than the |
| Effective date if applicable: | |
| (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 date will document's effective date on the Department of State's records. | not be fisted as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required. | shareholder |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | |
| (Totaling Straight) | |
| Dated9/5/2023 | |
| Signature (By a director prevident 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 appointed fiduciary by that fiduciary) | - |
| (Typed or printed name of person signing) | |
| President | |

(Title of person signing)