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	Division of Co	rporations	
	Fax Number	: (850)617-6380	
From:			
	Account Name	: MEDICAL BILLING CONSULTANTS, INC.	
	Account Number	: 120200000206	202
	Phone	: (305)463-6690	· . —
	Fax Number	: (305)463-6693	MAR
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		s for this business entity to be used for	
ann	wal report maili	ngs. Enter only one email address please.	** >
Ema	il Address:	•	- ÇÇ

COR AMND/RESTATE/CORRECT OR O/D RESIGN HEALTHY KIDS LIFE, CORP

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2021-03-04 17:52:26 GMT

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From Luciano Puentes

000-617-6381 3/4/2021 9:34:19 AM PAGE 1/001 Fax Server



March 4, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

MEDICAL BILLING CONSULTANTS

SUBJECT: HEALTHY KIDS LIFE, CORP

REF: W21000030043

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Lillie S Kervin Regulatory Specialist II

FAX Aud. #: E21000087358 Letter Number: 521A00004627 / Page: 6 of 9

Articles of Amendment to

Articles of Incorporation	•
Healthy Kids Life, Corp	
(Name of Corporation as currently filed with the Florida Dept. of Sta	te)
P20000091206	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	: following amendment(s) to
A. If amending name, enter the new name of the corporation:	· · ·
	•
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a	The new
"Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name mu "chartered," "professional association," or the abbreviation "P.A."	st contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7021

	3 3 3 3 3 3 3 3 3 3
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	10 m
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent Yoleidy Conzole 2	 , .
15190 SW 136 ST #4 (Florida street address)	
(Florida street address)	2154
New Registered Office Address:, Florida	
(Ca))	(Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the p	osition.
\mathcal{A}	
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.	
(a) the amendment(s) is are being their pulsuant to \$, 007,0120 (11) (c), F.S.	

To: 18506176380 ' Page: 7 of 9 2021-03-04 17:52:26 GMT 13054636693 From: Luciano Puentes

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 FST 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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	9	Yunit Juentovers Alen	15190 SW 136 ST
Add Remove 2) Change	2	Yuleidy Gonzalez	#4 Mizni, FC 3319(15190 SW 136 ST
Add Remove 3) Change			#4 Mizni, FL 33196
Add			
Remove		· · · · · · · · · · · · · · · · · · ·	
Add_			
5) Change Add			
Remove Change			
Add			

Page: 9 of 9

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment f	île date)
Note: If the date inserted in this blocdocument's effective date on the Depa	k does not meet the applicable statutory filing requirement of State's records.	pirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficiently.	ed by the shareholders. The number of votes east for cient for approval.	the amendment(s)
☐ The amendment(s) was/were approximate the separately provided for each	red by the shareholders through voting groups. The sh voting group entitled to vote separately on the am	following statement endment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Signature(By a direc selected, b	othersident or other officer – if directors or officer, an incorporator – if in the hands of a receiver, trust induciary by that fiduciary)	
	(Typed or printed name of person signing)	lez
	President	
	(l'itle of person signing)	