P20000098126

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A. RAMSEY MAR 0 3 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COE	RPORATION: ONLINE RETAIL	THERAPY, INC.			
	UMBER: P20000098126				
The enclosed Arr	icles of Amendment and fee are su	bmitted for filing.			
Please return all o	correspondence concerning this ma	itter to the following:			
	ELIZABETH JOHN				
		Name of Contact Perso	n		
	E.O. JOHN CPA				
		Firm/ Company			
	2200 MICHENER ST., STE	6			
	-	Address			
	PHILADELPHIA, PA 19115	;			
	City/ State and Zip Code				
	CPASVCS@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further inforn	nation concerning this matter, plea)		
N	ame of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a che	ck for the following amount made		-		
S35 Filing Fe	ce S43.75 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 Division The C	Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

ONLINE RETAIL THERAPY, INC.

2022 DEC 14 PM 1: 09

ONLINE RETAIL THERAPY, INC	20.111.03
(Name of Corporation	on as currently filed with the Florida Deprior State STATE
P20000098126	IALLAHASSEE, FLORINA
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
HEALTHWIZ, INC.	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "Corp" or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
	(Florida street address)
New Registered Office Address:	, Florida
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signa	ature 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	Y	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) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amendm sufficient for approval.	ent(s)
☐ The amendment(s) was/were a must be separately provided f	approved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	lemen!
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
11/30/20 Dated Signature X	Salika Sanatu unan	
(By a selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	een court
	LALITHA SANATHANAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	