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COVER LETTER

TO: Amendment Se Division of Cor	4 5		
NAME OF CORPO	ORATION: REFINE HEALTH	HNC	
	1BER: P21000003573		W-11
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Andrew Babnik Jr		
		Name of Contact Person	1
	Babnik Law PLLC		
		Firm/ Company	
	75 Valencia Ave. 4th Floor	, ,	
		Address	
	Coral Gables, Florida 33134	, , , , , , , , , , , , , , , , , , , ,	
		City/ State and Zip Cod	e
	Andrew@BabnikLaw.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Andrew Babnik		at (857-5589
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 dahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation

REFINE HEALTH INC

(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
P21000003573		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>	
		he new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P,	. A professional corporation name must contain t	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		23/1 FE! -1, MI 7: 23
		7
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
C. Enter new mailing address, if applicable:		<u></u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		—
		<u>.</u>
D. If any adim show with the state of the st		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		
the new registered wither add		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
(Florida	(street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Cod	(e)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent:	
т петену ассері іне арронитені ах гедіметей адені. Т ат затин	ar wan and accept the obligations of the position.	
C' , ZV	D	
Signature of Nev	v Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (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	PT	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
1) Change	VP	BERMUDEZ, CHRISTINA	8243 SW 144 CT
Add			MIAMI, FL 33183
X Remove			
2) Change	-	_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) a 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 D	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
must be separately provided for "The number of votes cas	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
01/29/202	l
Dated	
Signature (By a	A CONTRACT OF THE CONTRACT OF
selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	Jannette Nieves
	(Typed or printed name of person signing)
	President
	(Title of person signing)