P21000005516

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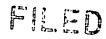
9 4/17/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MEDIKAL RECO	RDS, INC.	
DOCUMENT NUMBER: P21000005516		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
JOEL DE YOUNG		
	Name of Contact Person	
ART OF THE MIX, INC.		
	Firm/ Company	
898 FOREST GLEN LN.		
	Address	
WELLINGTON, FL 33414		
	City/ State and Zip Code	
JONICSTUDIOS@GMAIL.	СОМ	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
NICKY DE YOUNG	at (909-8484
Name of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	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 Tallahassee, FL 32314	Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee L. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of



MEDIKAL RECORDS, INC.			2022 APR = 1 AM 9: 4:
(Name o	of Corporation as current	ly filed with the Florida Dept.	or mate)
P21000005516			SCOLUMN STATE
	(Document Number of	of Corporation (if known)	FLETTINGSSE, FL
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
ART OF THE MIX, INC.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co".	A professional corporation na	
D. Entar now principal office address	if annlicable:	N/A	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent ar new registered agent and/or the new			ne of the
	N/A	_	
Name of New Registered Agent			
			*
		reet address)	
New Registered Office Address:	N/A		Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	t:	
I hereby accept the appointment as regis.			of the position.
	Signature of Mane	Registered Agent, if changing	
	Signature of ivew i	хедынегеа мдет, у спанутд	
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.

X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Şa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	CEO	JOEL DE YOUNG	898 Forest Glen Ln.
Add			Wellington, FL 33414
Remove			
2) Change	P	ALAN SACKS	2130 Isabelie Court
X Add			Mahwah, NJ 07430
Remove 3) Change	V	ANTHONY ANTANIES	48 Leighton Ln.
X Add			Manchester, NJ 08759
Remove			
4) X Change	ST	NICKY DE YOUNG	898 Forest Glen Ln.
Add			Wellington, FL 33414
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

	al sheets, if necessary	v). (Be specific)			
Е III: AN	Y AND ALL LAWFU	UL BUSINESS			
МU	SIC PRODUCTION	AND PERFORMA	ANCE AND BRO	DADCASTING	
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	ent provides for an e				
if not app	implementing the a dicable, indicate N/A))	contained in the	amenoment itsei	<u>1:</u>
					
		 			
		<u> </u>		·	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehold	der 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 amen ufficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	9TH 2022	
Dated		
Signature	++	
selecte	lirector, president or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or othe sted fiduciary by that fiduciary)	
	JOEL DE YOUNG	
	(Typed or printed name of person signing)	•
	CEO	
	(Title of person signing)	