P21000021101

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SMART HEALTH	USA CORP		
DOCUMENT NUM	1BER: P21000021101			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	JOSE R NINA			
		Name of Contact Persor)	
	SMART HEALTH USA CO	RP		
		Firm/ Company		
	6977 SW 115TH PL APT D			
	-	Address	· · · · · · · · · · · · · · · · · · ·	
	MIAMI FL, 33173			
	***	City/ State and Zip Code	2	
	SALES@SECURITYSMAR	ТЅНОР.СОМ		
	-	sed for future annual report	notification)	
For further informati JOSE NINA	on concerning this matter, pleas	se call: at (609-7170	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Street Address Amendment Section		
Division of Corporations Division of Corporations			n of Corporations	
	D. Box 6327 Ilahassee, FL 32314		entre of Tallahassee J. Monroe Street, Suite 810	
1 a	nana8800, FL 32314	Z410 f	v. Monnoe Street, Suite 819	

Tallahassec, FL 32303

Articles of Amendment

to
Articles of Incorporation
of

FILED

to

(Name of Corporation as curren	2021 MAR 16 AM 7: 56
	itly filed with the Florida Dept. of State)
21000021101	SECREDE OF STATE
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the following amends
A. If amending name, enter the new name of the corporation:	
	The no
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	A professional corporation name must contain the wo
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	
Name of New Registered Agent	
	street address)
(Florida s	
(Florida s New Registered Office Address:	

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)

Example:

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>	John Doc	
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) X Change	CEO	JOSE R NINA	8181 NW 36TH ST
Add			DORAL FL 33166
Remove			
2) Change	P	JOSE R NINA	6977 SW 115TH PL APT D
X Add			MIAMI FL. 33173
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
б) Change			_
Add			
Remove			

(Attach additional	adding additional Artical sheets, if necessary).	(Be specific)	<u>त्युभ ॥धार्</u> षः			
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If an amendme	nt provides for an exch	ange reclassifica	ation or concells	ntion of issued s	hares	
provisions for	implementing the amer	ndment if not co	ntained in the ar	mendment itself		
(if not appl	icable, indicate N/A)					
-					•	
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				10		
				<u>-</u>		

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The date of each amendment(s) date this document was signed.	adoption:	, 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 thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
sele	director president(or other officer – if directors or officers have not be that by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	JOSE R NINA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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