LAZARUS CORPORATE

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	To:			SON .	٠.٦
		Division of Corporations	(J)	1	
		Fax Number : (850)617-6380	171-	-	17
	From:		<u>(</u>	=	
<u>~</u>		Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	دری اسم ا∽ستیم	ထဲ	
••		Account Number : 1200000000019	<u> </u>		
_		Phone : (305)552-5973	17.0	25	
<u> </u>	21	Fax Number ; (305)675-5944	_		
2321 AUG -4		r the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN WELLCARE MEDICAL SUPPLIES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

AUG 5 2021 S. PRATHER

Articles of Amendment to Articles of Incorporation

Wellcare Medical Supplies, Inc.		
Florida Document Number: P21000021145		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation following amendment(s) to its Articles of Incorporation:	on adopts	s the
Add		
-eysly Gil as VP		
		-
		
nese articles of amendment were adopted on08/03/2021		
e corporation has only one group of water		
tes east for amendment was sufficient for approval.	id the num $ \sum_{i=1}^{n} z_i $	pper of ∷≅
23	<u>-</u> :	121 A
Signature	3.7	- 38
Printed Name and Title		<u> </u>
w Registered Agent's Signature, if changing Registered Agent; treby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	F. WHE	AH 8: 52
Signature of New Registered Agent, if changing		