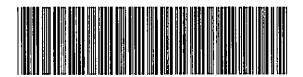
## P210000 74954

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



300376436213

N/C amend

11/12/21--01024--025 \*\*35.00

FILED 2021 NOV 12 AH 9: 46

A RAMSEY DEC 07 2021

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR   | ATION: CARBYNE HEAT                        | H INC  |  |
|--|--|--|--|
| DOCUMENT NUMB  | ER: P21000074854                           |  |  |
| The enclosed Articles of   | of Amendment and fee are su                | bmitted for filing.  |  |
| Please return all corres   | pondence concerning this ma                | tter to the following:   |  |
|  | MARYANN SCHOOLDEN                          | СРА  |  |
|  |  | Name of Contact Persor   |  |
|  | MARYANN SCHOOLDEN                          | CPA PA   |  |
|  |  | Firm/ Company  |  |
|  | 7540 NW 5 STREET, SUITE                    | <u>. 2</u>   |  |
|  |  | Address  |  |
|  | PLANTATION, FLORIDA .                      | 33317  |  |
|  |  | City/ State and Zip Code   | :  |
|  | maryanncpa@bellsouth.net                   |  |  |
|  | E-mail address: (to be us                  | sed for future annual report   | notification)  |
| For further information MARYANN SCHOOL   | n concerning this matter, pleas            | se call:<br>at (   | 673-1477   |
| Name of Contact Person   |  | at (Area Co.   | de & Daytime Telephone Number  |
|  | the following amount made                  |  | •  |
| ■ \$35 Filing Fee  | ☐S43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>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 |  | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

| CARBYNE HEATH INC  | Corporation as currently filed with the Florida Dept. of State 47 9: 46   |
|--|---|
| (Name of C   | Corporation as currently filed with the Florida Dept. of State 77-9: 46   |
| P21000074854   | 17 Magazin 37:  |
|  | (Document Number of Corporation (if known)  |
| Pursuant to the provisions of section 607.100 its Articles of Incorporation:   | 06, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)  |
| A. If amending name, enter the new name  | of the corporation:   |
| CARBYNE HEALTH INC   | The-new   |
| name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp" chartered," "professional association," or | word "corporation," "company," or "incorporated" or the abbreviation "Corp.," o," "Inc," or "Co". A professional corporation name must contain the word the abbreviation "P.A." |
| B. Enter new principal office address, if a  | NO CHANGE   |
| (Principal office address MUST BE A STR.   |   |
|  |   |
|  |   |
| C. Enter new mailing address, if applical  | ble: NO CHANGE  |
| (Mailing address MAY BE A POST OF  |   |
|  |   |
|  |   |
|  |   |
| <ul> <li>If amending the registered agent and/or new registered agent and/or the new re</li> </ul>                                 | or registered office address in Florida, enter the name of the  |
|  | O CHANGE  |
| Name of New Registered Agent   | OCHANCI   |
|  |   |
|  | (Florida street address)  |
| New Registered Office Address:   | , Florida   |
|  | (City) (Zip Code)   |
|  |   |
| No. 13 mine and American Simulation of about   | naina Danietarad Agants   |
| New Registered Agent's Signature, if char<br>I hereby accept the appointment as registere  | ed agent. I am familiar with and accept the obligations of the position.  |
|  |   |
|  |   |
| <del></del>  | Signature of New Registered Agent, if changing  |
|  | мунани с ој госи подмитеа пуст. и спануту   |
| 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: $\underline{X}$ Change | <u>171</u>      | John Do     | <u>c</u>    |                 |
|---------------------------------|-----------------|-------------|-------------|-----------------|
| X Remove                        | $\underline{V}$ | Mike Jo     | nes         |                 |
| <u>X</u> Add                    | <u>sv</u>       | Sally Sn    | <u>vith</u> |                 |
| Type of Action<br>(Check One)   | <u>Title</u>    |             | Name        | <u>Addres</u> s |
| 1) Change                       |                 |             |             |                 |
| Add                             |                 |             |             |                 |
| Remove                          |                 |             |             |                 |
| 2) Change                       |                 | _           |             |                 |
| Add                             |                 |             |             |                 |
| Remove 3 ) Change               |                 | _           |             |                 |
| Add                             |                 |             |             |                 |
| Remove                          |                 |             |             |                 |
| 4) Change                       |                 |             |             |                 |
| Add                             |                 |             |             |                 |
| Remove                          |                 |             |             |                 |
| 5) Change                       |                 |             |             |                 |
| Add                             |                 | _           |             |                 |
| Remove                          |                 |             |             |                 |
| 6) Change                       |                 |             |             |                 |
| Add                             |                 | <del></del> |             |                 |
| Remove                          |                 |             |             | ,               |
| KCMOVC                          |                 |             |             |                 |

|                  | Iding additional Article sheets, if necessary). — ( | Be specific)                          |                   |                  |  |
|------------------|---|---------------------------------------|-------------------|------------------|--|
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
| · · · ·          |   |                                       | <del></del>       |                  |  |
|                  |   |                                       |                   |                  |  |
|                  | <del></del>   | <del></del>                           |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  | ·   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   | · · · · · · · · · · · · · · · · · · · |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   | <del></del>      |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
| <del></del> ·    | <del></del>   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
| <u></u>          |   |                                       | <u>.</u>          |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
| `an amondman     | provides for an exchar                              | rue reclassificatio                   | n or cancellation | of issued shares |  |
| nrovisions for i | nplementing the amend                               | lment if not conta                    | ined in the amend | lment itself:    |  |
| (if not appli    | able, indicate N/A)                                 |                                       |                   |                  |  |
| 1.6              |   |                                       |                   |                  |  |
|                  |   | <u>.</u>                              |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   | · ·              |  |
|                  |   |                                       |                   |                  |  |
|                  | ,   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |
|                  |   |                                       |                   |                  |  |

•

.

|                          | NOVEMBER 5, 2021   |
|--------------------------|--|
|                          | ch amendment(s) adoption:, if other than the, if other than the |
| Effective date           | if applicable:   |
| •                        | (no more than 90 days after amendment file date)   |
|                          | ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ective date on the Department of State's records.   |
| Adoption of A            | mendment(s) (CHECK ONE)  |
| The amendal action was n | nent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder of required.   |
|                          | hent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.  |
|                          | nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):   |
| "The r                   | number of votes east for the amendment(s) was/were sufficient for approval   |
| by                       | (voting group)   |
| . —                      | (voting group)   |
|                          | Dated Hovember 5, 202/ Signature John Jones  |
|                          | Signature a proces   |
|                          | (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |
|                          | (Typed or printed name of person signing)  |
|                          | (Typed or printed name of person signing)  |
|                          | VP   |
|                          | (Title of person signing)  |