P21000079566

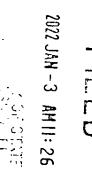
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C. BRUMBLEY

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Cancer Dialysis, Inc. DOCUMENT NUMBER: P21000079566 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alana Sandel Name of Contact Person Cellverse, Inc. Firn/ Company 4403 Tamarind Way Address Naples, FL 34119 City/ State and Zip Code alanasandel@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (312) 932-1115

Area Code & Daytime Telephone Number Robert E. Neiman, Attorney Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Cancer Dialysis, Inc.		
(Name of Corporation as curren	tly filed with the Flori	da Dept. of State)
P21000079566		
(Document Number	of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corpoi	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Cellverse, Inc.		The 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.	A professional corpor	orated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address. Name of New Registered Agent N/A	<u> </u>	The name of the
(Florida s.	treet address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New 1	t: with and accept the ob Registered Agent, if cha	

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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	N/A	— <u>-</u>	N/A	N/A
Add				
Remove				
2) Change				
Add				
Remove Change		 -		
Add				
Remove				
4) Change				
Add				
Remove				<u></u>
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	t <mark>ional Articles, enter cha</mark> ecessary). (Be specific)	<u>nga(a) mara</u> .	
N/A	cessury, (be specific)		
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F. If an amendment provides fo	er an avchanga roclassifi	cation or cancellation of	gaved above
provisions for implementing	g the amendment if not c	ontained in the amendmen	nt itself:
	te N/A)		
(if not applicable, indicat			
(if not applicable, indicat			
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(if not applicable, indicat			
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(if not applicable, indicat			
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•	December 6, 2021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
	/a	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	_
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	e will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
bv		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
Decemb Dated	er 6, 2021	
Signature A	lang Sandel	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	Alana Sandel	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	