## P21000095098

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MYHEALTHX, INC DOCUMENT NUMBER: P21000095098 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VENKATA R. PEMMIREDDY Name of Contact Person MYHEALTHX, INC Firm/ Company 2960 CASSIA LANE. Address JACKSONVILLE, FL, 32246 City/ State and Zip Code RAM, MHX@OUTLOOK.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (732 ) 6908802

Area Code & Daytime Telephone Number VENKATA R. PEMMIREDDY Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & **■\$43.75** Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

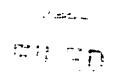
**Mailing Address** 

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



MYHEALTHX, INC

(Name o	f Corporation as current	ly filed with the Florida	Dept. of State P   All 7: 20
P21000095098			
	(Document Number of	of Corporation (if known	)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
MYTEKX, INC			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	'orp," "Inc," or "Co".	A professional corpora	rated" or the abbreviation "Corp.,"
B. Enter new principal office address, i	if annlicable:	2960 CASSIA LAN	E
(Principal office address MUST BE A ST		JACKSONVILLE, I	1. 32246
		<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RAM.MIX@OUTI	.OOK.COM
D. If amending the registered agent an	<u>d/or registered office add</u>	Iress in Florida, enter t	he name of the
new registered agent and/or the nev	v registered office addres	<u>ss:</u>	
Name of New Registered Agent			
	(Florida s	treet address)	
New Registered Office Address:	2960 CASSIA LANE, JACKSONVILLE		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	hanging Registered Agen ered agent. I am familiar	it: with and accept the obli	gations of the position.
	Signature of New	Registered Agent, if chan	ging
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>John Do</u>	<u>«</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Address</u>
1) Change		<u> </u>		
Add				
Remove				
2) Change		_		
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Remove 3 ) Change		_		
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Remove				
4) Change				
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Remove				
5) Change	_			
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Remove				
6) Change				
Add		_ <del>-</del>		
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:  not applicable, indicate N/A)	Attach additional sheets, if necessary).	(Be specific)
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. The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	more than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State	eet the applicable statutory filing requirements, this date will not be listed as the e's records.
Adoption of Amendment(s) (CHECK	CONE)
The amendment(s) was/were adopted by the incoraction was not required.	rporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appre	cholders. The number of votes cast for the amendment(s) oval.
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting grow	archolders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes cast for the amendme	ent(s) was/were sufficient for approval
by	group)
(voting §	group)
DatedS / 1 S / 2	Leichy
Signature 12 cm	t or other officer – if directors or officers have not been
(By a director, president selected, by an incorpo appointed fiduciary by	rator – if in the hands of a receiver, trustee, or other court
	NKATA R. PEMMIREDDY  ped or printed name of person signing)
	CEOR PRESIDENT
(Tit	le of person signing)