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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Notice Health lent INC
DOCUMENT NUMBER: 13000001183
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexander Prupson Name of Contact Person
Notre Health Lend ML Firm/ Company
220 SE Sound Are #915
Furd Laududak FL 3330) City/ State and Zip Code
City/ State and Zip Code Progrander 735 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
For further information concerning this matter, please call:
Alexander Person at (910) 268-9616 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303

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Articles of Amendment to **Articles of Incorporation** of

Articles of Amendmen to Articles of Incorporation of Note: Henth Lead MC (Name of Corporation as currently filed with DO00001183 (Document Number of Corporation of Section 607, 1006, Florida Statutes, this Florida Particles of Amendment	h the Florida Dept. of State) on (if known)
Articles of Incorporation of Nytro Henlth Leas MC (Name of Corporation as currently filed with processing the corporation of Corporation (Document Number of Corporation)	n the Florida Dept. of State) on (if known)
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(Document Number of Corporat	
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int to the provisions of section out, 1000, Florida Statutes, this Florida	orn corporation adupts the following amendments,
icles of Incorporation:	
amending name, enter the new name of the corporation:	
	Thenew
must be distinguishable and contain the word "corporation," "company, " or Co.," or the designation "Corp," "Inc," or "Co". A professi	on "incorporated" or the abbreviation "Corp., onal corporation name must contain the word
tered." "professional association," or the abbreviation "P.A."	- A 11α
nter new principal office address, if applicable:	. 200 SE Sagns AVC #915
cipal office address MUST BE A STREET ADDRESS)	Lauderdals Ft 33301
The state of the s	O CE C ALA HOSE
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	30 DE Jeun HVC # 4115
_ to	1 Louderdale FL 33501
amending the registered agent and/or registered office address in F	orida, enter the name of the
ew registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street addre	
, and the second se	
New Registered Office Address: (City)	, Florida(Zip Code)
Registered Agent's Signature, if changing Registered Agent: eby accept the appointment as registered agent. I am familiar with and	accept the obligations of the position.
Signature of New Registere	Agent, if changing
eck if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add		_	
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)		
			
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F. If an amendment provides for an exc	change, reclassification, or	cancellation of issued shar	es.
F. If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	endment if not contained i	n the amendment itself:	<u> </u>
(if not applicable, indicate N/A)			
			
			·
			

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The date of each amendment(s) 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 this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will of State's records.	not be listed as the
And the second s	CHECK ONE)	
The amendment(s) was/were adopted by t action was not required.	the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.	
☐ The amendment(s) was/were approved by must be separately provided for each vot	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes east for the a	unendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected, by an	president of other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court clary by that fiduciary) (Typed or printed james of person signing)	-
	Vasidus	
	(Title of person signing)	