## P22000010645

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	IT is WellPathwa	ys, Inc.		
DOCUMENT NUM	P22000010645 BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Cesar Caolo			
		Name of Contact Person	1	
		Firm/ Company	<u> </u>	
	PO BOX 271924			
	Tampa, FL 33688	Address		
		City/ State and Zip Code	2	
	cesarcaolo@hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
cesar caolo		813 at (	943-1787	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is 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

(Name of Cornoration as currently filed with the Fl	orida Dept. of State EB 22 AM 10: 18
22000010645	SECOND
	SECRETARY OF STATE
(Document Number of Corporation (if ki	nown)
cursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> :	poration adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
Ñ/A	The new
name must be distinguishable and contain the word "corporation," "company," or "inco "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional cor "chartered," "professional association," or the abbreviation "P.A."	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
D. If amending the registered agent and/or registered office address in Florida, en	tar the name of the
new registered agent and/or the new registered office address:	ter the name of the
N/A	
Name of New Registered Agent	
(l'lorida street address)	
(Florida street address)  New Registered Office Address:	. Florida

Check if applicable

<sup>☐</sup> 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)

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 <math>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 Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	SV	Sally Smith	
Type of Action	<u>Title</u>	Name	Address
(Check One)  X 1) Change	VS	Kimberly Caolo	2912 Whittington Place
Add	_		Tampa, FL 33618
Remove			2012 Wikinianton Diago
X 2) Change	'I'	Cesar Caolo	2912 Whittington Place
Add			Tampa, FL 33618
Remove 3) Change			
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

(Attac	ending or adding a h additional sheets,	if necessary).	(Be specific)				
N/A		,					
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r. <u>u au</u> Dro	amendment provid	nting the amer	dment if not	cation, or cand	enauon or issue amendment it	<u>su snares.</u> self:	
	(if not applicable, in	idicate N/A)					
N/A							
	<del></del>	<del></del>					

The date of each amendment(s) adoption:, if other date this document was signed.	than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
Dated	
Signature OZeo	
(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)	
President	
(Title of person signing)	