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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MIAMI HEAI	LING SOLUTIONS			
DOCUMENT NUMBER: P22000019178	<u> </u>			
The enclosed Articles of Amendment and fee at	re submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
DINORAH RODRIGUE	Z REGALADO			
	Name of Contact Perso	n		
MIAMI HEALING SOL	UTIONS			
	Firm/ Company	-		
10550 NW 77TH CT ST	• •			
-	Address			
HIALEAH GARDENS,	FL. 33016			
	City/ State and Zip Cod	le		
DENISE@DRFINLAYO	CLINICS.COM			
E-mail address: (to b	oe used for future annual report	notification)		
For further information concerning this matter, p	786	554-0319		
Name of Contact Person	at (Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount m		•		
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	_	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		<u>Address</u>		
Amendment Section		Amendment Section Division of Corporations The Centre of Tallahassee		
Division of Corporations P.O. Box 6327				
Tallahassee, FL 32314		N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

MIAMI HEALING SOLUTIONS, INC

WILAWII FICACING S		
(Name of Corporation as current	ly filed with the Florida Dept.	of State 1022 HAR 20 AP IU:
P22000019178		SECREDITE OF STAT
(Document Number of	of Corporation (if known)	TALLAMASSEE, FL
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		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 corporation nai	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Maining address MAT BE ATOST OFFICE BOX)		
D. If amending the registered agent and/or registered office add		e of the
new registered agent and/or the new registered office address	<u>s:</u>	
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	(City)	Florida(Zip Code)
	(Cily)	(z.p Chae)
Now Devictored Agent's Comptume of sharping Devictored Access		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		of the position.
, , , ,	7	, ,
Signature of New K	Registered Agent, if changing	
Check if applicable		
DES BOTO ATTOMICATOR		

 \square 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 Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	DINORAH RODRIGUEZ REGALADO	10550 NW 77TH CT STE 309
X Add			HIALEAH GARDENS FL 33016
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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If an amendme	nt provides for	∙an exchange	, reclassificat	ion, or cancella	tion of issued sh	iares,	
provisions for	implementing	the amendme	, reclassificati	ion, or cancella ained in the an	tion of issued sh nendment itself:	uares,	
provisions for	nt provides for implementing licable, indicate	the amendme	, reclassificati ent if not cont	ion, or cancella ained in the an	tion of issued sh nendment itself:	aares,	
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provisions for	implementing	the amendme	e, reclassificat	ion, or cancella	tion of issued shendment itself:	aares,	

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The date of each amendment(s) adoption:		, if other than the
date this document was signed. 03/18/2022		
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing require t of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient t	the shareholders. The number of votes east for the for approval.	e amendment(s)
	the shareholders through voting groups. The folioning group entitled to vote separately on the amend	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by		
((voting group)	
Dated		
selected, by an i	resident or other officer – if directors or officers hencorporator – if in the hands of a receiver, trustee iary by that fiduciary)	
DINOR	AH RODRIGUEZ REGALADO	
	(Typed or printed name of person signing)	
	DIRECTOR OF INCORPO	ORATION
	(Title of person signing)	

• • •