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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: Advill T	herapy Inc	
DOCUMENT NUMBI	er: <u>P220000</u>	19674	
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	590 SW	(astellon) Name of Contact Person Therapy h Firm/ Company 27 Ave Address 1 33135 City/ State and Zip Code y D amail. wo	<u>.</u>
For further information	concerning this matter, pleas	se call:	
	Castellon	at (_305_	987-0807 de & Daytime Telephone Number
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
☑ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Advill Therapy Inc			
_	ion as currently filed with the	: Florida Dept. of State)	
<u> </u>			
(Docui	ment Number of Corporation (i	1 known)	
Pursuant to the provisions of section 607,1006, Florid ts Articles of Incorporation:	a Statutes, this <i>Florida Profit</i> (Corporation adopts the following amo	endment(s)
A. If amending name, enter the new name of the c	corporation:		
		$Th\omega$	new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	" or "Co". A professional	incorporated" or the abbreviation "C	orp.,"
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		Florida	
Hen Registered Cypice Address.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		the obligations of the position	
and the second second second second second second	· ···· jsiiiiisii viin unu uccejn	The marganization of the positions	
	·		
Sign	nature of New Registered Agent	t, if changing	

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 Doe	
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	<u>P</u>	Niels Moleiro	1850 SW 8 ST STE 310
Add Remove			Miami, F1 33135
2) Change Add	VP	Marilyn Hawkins	590 SW 27 Ave Mjami, Fl 33135
Remove 3) Change			
Add			
Remove			
4) Change		.	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	. (Be specific)
	
	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:
	and the state of t
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: $8-24-2022$ date this document was signed.	, if other than the
Effective date if applicable: 8 - 24 - 2022 (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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ 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	
(voting group)	
Dated 8-24-2022 Signature 41 Little	
Signature Kilitelle	
(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)	
Ko Haning Cartalla	
(Typed or printed name of person signing)	
President	
(Title of person signing)	