# P22000045382

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(Ac	ldress)		
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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations LABRX DR INC NAME OF CORPORATION: \_ P22000045382 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sonia Becerra Name of Contact Person **Swyft Filings** Firm/ Company 3 Greenway Plaza #1320 Address Houston, TX 77046 City/ State and Zip Code admin@iwellnessvetcenter.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Becerra Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee X \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32314

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

### LABRX DR INC

# (Name of Corporation as currently filed with the Florida Dept. of State)

#### P22000045382

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(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the follow	ring amendment(s)	
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbrevia professional corporation name must con-	ntion "Corp.," tain the word	
B. Enter new principal office address, if applicable:	815 N Homestead Blvd # 502		
(Principal office address MUST BE A STREET ADDRESS)	Homestead, FL 33030		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	815 N Homestead Blvd # 502		
	Homestead, FL 33030		
D. If amending the registered agent and/or registered office addr		570	
new registered agent and/or the new registered office address:			
Name of New Registered Agent		2 - 103 800 2 8 - 103 8	
		<u> </u>	
(Florida stre	et address)	<u>.</u>	
New Registered Office Address:	Florida		
•	(Ziy) (Z	ip Coder	
		<del>, T</del>	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the positio	n.	
X—————————————————————————————————————	gistered Agent, if changing	_	
Check if applicable			
Chrck II addicadie			

☐ 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	PT	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			
Add			
Remove			
2) Change			
Add			
Remove Change			. ~2
Add			
Remove			283 Aug 25
4) Change			
Add			
Remove			
5) Change			——————————————————————————————————————
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) adoptio	n. 08/21/2023	, if other than the
date this document was signed.	•••	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block d document's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date ent of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
(X) The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) at for approval.	)
	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):	11
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	21/2023	
Signature	diBello , president or other officer – if directors or officers have not been	
selected, by a	, president or other officer – if directors or officers have not been n incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	. 53
	Jendi Bello	
	(Typed or printed name of person signing)	193 kus 25
	President	
	(Title of person signing)	-1 3
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