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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SLASH MEDICAL	LINC	
DOCUMENT NUMBER: P22000049291		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
ALEX DEMARCHI		
	Name of Contact Person	
	Firm/ Company	
450 N. FEDERAL HWY	UNIT# 901	
	Address	
BOYNTON BEACH - FL	33435	
E-mail address: (to be use.) For further information concerning this matter, plea	sed for future annual report se call:	notification)
MONA MONTANINO	at (<u>561</u>	578-7799
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Address ment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

SLASH MEDCIAL INC

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Lip Gode) (City Code) (City Code) (City Code)	(Name of Corporat	ion as currently filed with	the Florida Dept. of State)	_
Parsaunt to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to starticles of Incorporation: The according name, enter the new name of the corporation: The according mane, enter the new name of the corporation. "company," or "incorporated" or the abbreviation "Corp.," Inc.," or "Co." A professional corporation name must contain the word "corporation" "P.A." B. Enter new principal office address, if applicable: (Mailing address MUST BE A STREET ADDRESS) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (City Code)	P22000049291			
Is Articles of Incorporation: A. Hamending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." Inc.," or "Co.," A professional corporation name must contain the word "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) D. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (City) See Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.	(Docur	ment Number of Corporation	n (if known)	
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New Registered Office Address: Florida				
New Registered Office Address: (City) (City) (Zip Code) (City) (City) (Sip Code) (City) (City)		(Florida street address)		
iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Office Address:		, Florida	<u> </u>
w Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(City)	(Zi _l	Code) $\circlearrowleft \subseteq \mathbb{R}$
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				1: 2 51A
Signature of New Registered Agent, if changing			ept the obligations of the position	m
Signature of New Registered Agent, if changing				
	Sign	nature of New Registered As	gent, if changing	
Check if annlicable		<i>,</i> , , , ,	. , , , , , , , , , , , , , , , , , , ,	

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:

Remove

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	MONA MONTANINO	625 CASA LOMA BLVD
X Add			UNIT #1102
Remove			BOYNTON BEACH, FL 33435
2) Change			
Add			
Remove Change			
Add			
Remove			2823 SEC
4) Change			
Add			SECKATA ATTA
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

2023 JUN -8 PH 1: 27

	JUNE 1, 2023		
The date of each amendmen			_, if other than the
date this document was signe	d.		
Effective date if applicable:			
	(no more than 90 days	after amendment file date)	
	this block does not meet the applicable st the Department of State's records.	atutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/wa action was not required.	ere adopted by the incorporators, or board of	f directors without shareholder action and s	shareholder
	ere adopted by the shareholders. The numb vere sufficient for approval.	er of votes east for the amendment(s)	
	ere approved by the shareholders through veled for each voting group entitled to vote se		
"The number of vot	es cast for the amendment(s) was/were suff	cient for approval	
by	(voting group)	."	
, <u></u>	(voting group)		
Dated	: lowe 1, 2023		
	By a director/president or other officer – if selected, by an incorporator – if in the hand		_
	appointed fiduciary by that fiduciary)		
	ALEX DEMARCHI		// - -

(Typed or printed name of person signing)

(Title of person signing)

PRESIDENT

SECRETALY OF STATE TALL A HAS SEE, FL

2023 JUN -8 PM 1: 27