P22000054696

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Briannis Medi Code	e Inc	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Yohana Ortiz		
•		Name of Contact Person	
	Briannis Medi Code, Inc		
•		Firm/ Company	
	2123 RENAISSANCE BLVD	APT 105	
•		Address	
	Miramar, FL 33025		
		City/ State and Zip Code	
	yoca74@hotmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Yohana Ortiz		786-953-350	51
Name o	f Contact Person	Area Coo	61
Enclosed is a check for	the following amount made [
■ \$35 Filing Fee	☐\$43.75 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)
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

Briannis Medi Code, Inc

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
222000054696	
(Document Number	per of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, the Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>ı:</u>
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 professional corporation name must contain the word
3. 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 <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addi	ress:
Name of New Registered Agent	
(Floride	la street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag hereby accept the appointment as registered agent.—I am famili	gent: iar with and accept the obligations of the position.
Signature of Ne	w Registered Agent, 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	S	Jose Ojeda	2123 RENAISSANCE BLVD
Add			APT 105 MIRAMAR, FL 33025
Remove			
2) X Change	P	Yohana Ortiz	2123 REINAISSANCE BLVD
Add			APT 105 MIRAMAR, FL 33025
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued sha	ires.
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	
	

The date of each amendment(s) adoption:date this document was signed.	if other than the
Effective date <u>if applicable</u> :	nore than 90 days after amendment file date)
(no n	nore than 90 days after amendment file date)
Note: If the date inserted in this block does not mee document's effective date on the Department of State'	t the applicable statutory filing requirements, this date will not be listed as the s records.
Adoption of Amendment(s) (CHECK	ONE)
■ The amendment(s) was/were adopted by the incorpaction was not required.	orators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approv	olders. The number of votes east for the amendment(s) al.
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendmen	t(s) was/were sufficient for approval
by	···
(voting gre	эир)
	r other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court at fiduciary)
Yohana Ortiz	
(Турес	or printed name of person signing)
Р	resident
(Title o	of person signing)