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COVER LETTER

TO:	Amendment Section
	Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: ASTRA HEALTH	GROUP INC				
DOCUMENT NUN	1BER: P22000059659			_		
	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	itter to the following:				
	Brian Constantino					
		Name of Contact Person				
	Astra Health Group Inc					
		Firm/ Company	<u> </u>			
	3111 N University Dr #406					
		Address				
	Coral Springs, FL 33065					
		City/ State and Zip Code				
	astrahealthgroup l@gmail.co	n				
		sed for future annual report i	notification)	_		
		to ratare amagnity	iocucion,	-7)38	2024	
For further informati	ion concerning this matter, plea	se call:		XILLA XILLA	2024 KAY 15	4-ma
Brian Constantino		at (986-1794 c & Daytime Telephone i	15.84 15.84 15.84	5	7 (' '
Name	e of Contact Person	Area Cod	c & Daytime Telephone i	dumber:		4 ****
Enclosed is a check t	for the following amount made	payable to the Florida Depar	rtment of State:	구점	64:0187	.24
S35 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)			
M	ailing Address	Street A	ddress			

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

ASTRA HEALTH GROUP INC.

(Name o	of Corporation as currently	v filed with the Florid	la Dept. of Stat	e)	
P22000059659			•	_'	
	(Document Number o	f Corporation (if know	n)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corpord	ution adopts the	following a	amendment(s)
A. If amending name, enter the new na	ime of the corporation:				
n/a				7	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". 2 or the abbreviation "P.A."	4 professional corpora	rated" or the ab ution name mus	breviation	Corp.,"
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>				ASSES.	
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)				r in	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			the name of the	<u>. </u>	
	(Florida sv	eet address)			
New Registered Office Address:		(City)	Florida	tZip Cod	de)
				,	,
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar	<u>:</u> with and accept the obl	igations of the p	osition.	
	Signature of New R	egistered Agent, if cha	nging		

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	Nicole Smith Barnes	3111 N University Dr #406
x Add			Coral Springs, FL 33065
Remove			2024 HAY SECRET
2) Change			
Add			<u></u>
Remove 3) Change			30 ₹ 151 50 5 ¥
Add			757
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
n/a		
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	TAY A	بمعر. 2 م
	SSY B	3 (2023) 21.11
	F100 0	
	FILE PLANE	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	1	
(if not applicable, indicate N/A)		
n/a		
		—
		

date this document was signed.	loption:	, if other than
	1/2024	
Effective date if applicable:	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors wi	thout shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes ca fficient for approval.	st for the amendment(s)
must be separately provided for e	roved by the shareholders through voting groups, each voting group entitled to vote separately on the for the amendment(s) was/were sufficient for appr	ne amendment(s):
Astra Health Group Inc		
by	(voting group)	·``
05/09/7074		
05/09/2024 Dated		2 0° SE
Dated	an Canadasta has	2024 HA SECRE TALL
Dated Signature <u>Brue</u> (By a dir	rector, president or other officer - if directors or o	fficers have not been
DatedSignature Brue (By a dir selected	rector, president or other officer – if directors or o l, by an incorporator – if in the hands of a receiver	fficers have not been 12, trustee, or other courts 2
DatedSignature Brue (By a dir selected	rector, president or other officer - if directors or o	fficers have not been . trustee, or other courts
Signature Brue (By a directed appoints)	rector, president or other officer – if directors or o l, by an incorporator – if in the hands of a receiver	fficers have not been HAR 5
Signature Brue (By a directed appoints)	rector, president or other officer – if directors or o i, by an incorporator – if in the hands of a receiver ed fiduciary by that fiduciary)	fficers have not been AHA 55. trustee, or other courts 50.00 MH 5
Dated	rector, president or other officer – if directors or o i, by an incorporator – if in the hands of a receiver ed fiduciary by that fiduciary) Brian Constantino	fficers have not been AHARY OF STEEL