P22000083990

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	NATION: INJURY SOLUTION	ONS, INC			
DOCUMENT NUM	D33000003000				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	HURTAIXO, DANNY				
		Name of Contact Person	1	-	
		Firm/ Company		-	
	12903 SW 113TH PL			_	
	MIAMI, FLORIDA 33176	Address		2024 SEC	madana;
		City/ State and Zip Code		PETA RETA	Section 1971
	hurtado2622@icloud.com			7. 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	111
;	E-mail address: (to be us	ed for future annual report	notification)	2024 OCT -2 PM 1: 40 SECRETARY OF STATE TALLAHASSEE, FL	
For further informati	on concerning this matter, pleas	se call:		FATE	
Danny Hurtado		at (305	525-8874		
Namo	e of Contact Person	Area Co	de & Daytime Telephone Numbe	or	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address 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

Injury Solutions		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P22000083990		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the foll	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
INJURY PAIN SOLUTIONS Inc		The new
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	A professional corporation name must c	viation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2024 OCT -2 SECRETAR TALLAHI
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	dress in Florida, enter the name of the	
Name of New Registered Agent >>) A		PH 1: 40 OF STATE SSEE, FL
(Florida s	treet address)	·
New Registered Office Address:	(City) Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the posit	ion.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c), 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	V	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			SECRET ALL
Remove Change			
Add			TP - ✓
Remove			PH 1: 40 SSEE, FL
4) Change		_	FL
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)		
<u> </u>		
 		
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E. If an amandment approides for an exchange production are cancellation of icenad charge	24 OCT -2 PH 1: 40 ECRETARY OF STATE TALLAHASSEE, FL	A. Land
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:	구축 등	
(if not applicable, indicate N/A)	L21	
NA		
		
		

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	iment(s)
	pproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Signature	024	SECRETARY OF STALLAHASSEE, TALLAHASSEE,
(By a selec	director, president of other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	been SSEE, F
	Danny Hurtado	TATE
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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