P23000015675

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: CARE.AI, INC		
DOCUMENT NUM	BER: P23000015675		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	Ahmad Moradi		
	MAXWELL RAND	Name of Contact Person	n
		Firm/ Company	
	1 East Broward Blvd Suite 70	00	
		Address	
	Fort Lauderdale, FL. 33301		
		City/ State and Zip Cod	e
	amoradi@maxwellrand.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Ahmad Moradi		at (520-2271
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made [payable to the Florida Dep	artment of State:
□ \$35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dept. of State)	نئ
CARE.AI, INC.	· . 	بن ج را ب
(Document Number of	of Corporation (if known)	. 1
Pursuant to the provisions of section 607,1006, Florida Statutes, this	Florida Profit Cornoration adopts the following	ال
s Articles of Incorporation:	2 107124 7 1074 Corporation adopte the following	
A. If amending name, enter the new name of the corporation:		· 5
WEBDRALINC.		5
ame must be distinguishable and contain the word "corporation,"	company." or "incorporated" or the abbreviati	The new on "Corp"
Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must conta	in the word
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	1 East Broward Blvd. SUite 700	
	Fort Lauderdale, FL. 33301	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same a sabove	
(Matting uturess MAT BE A FOST OFFICE BOX)		
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres 		
Name of New Registered Agent		
		
(Florida st	reet address)	_
No. 10 miles and 1000 as Additionary	. Florida	
New Registered Office Address:	, , , , , , , , , , , , , , , , , , , ,	Code)
New Registered Agent's Signature, if changing Registered Agen		
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
About I bondie po		
	Registered Agent, if changing	_
·		
heck 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)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change			
Add			
Remove			
2)Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

tach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
· · · · · · · · · · · · · · · · · · ·	and the state of t	
		
·		
78	FILE	
an amendment provides for an excl rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

	Oct 31st 2023	te a show
	ch amendment(s) adoption:	, if other than
Effective date	if applicable:	-
	(no more than 90 days after amendment file date)	
Note: If the date	ate inserted in this block does not meet the applicable statutory filing requirements, this decrive date on the Department of State's records.	ate will not be listed as
Adoption of A	mendment(s) (<u>CHECK ONE</u>)	
The amendal action was r	ment(s) was/were adopted by the incorporators, or board of directors without shareholder act not required.	ion and shareholder
☐ The amendr	ment(s) was/were adopted by the shareholders. The number of votes east for the amendment eholders was/were sufficient for approval.	i(s)
☐ The amendr must be sep	ment(s) was/were approved by the shareholders through voting groups. The following staten parately provided for each voting group entitled to vote separately on the amendment(s):	rent
"The	number of votes cast for the amendment(s) was/were sufficient for approval	
by		
, _	(voting group)	
	October 31st 2023	
	Dated	
	Signature About 1 bonds ph	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	ı urt
	Ahmad Moradi	
	(Typed or printed name of person signing)	
	President, CEO	
	(Title of person signing)	

the

the

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CARE.AI, INC		
DOCUMENT NUM	BER: P23000015675		
	of Amendment and fee are subm	utted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
	Ahmad Moradi		
		Name of Contact Person	
	MAXWELL RAND		
		Firm/ Company	
	1 East Broward Blvd Suite 700	1	
		Address	
	Fort Lauderdale, FL. 33301		
		City/ State and Zip Code	
	amoradi@maxwellrand.com		
	E-mail address: (to be use	d for future annual report i	notification)
For further informa	tion concerning this matter, please	e call:	
Ahmad Moradi		at () 520-2271 le & Daytime Telephone Number
Nan	ne of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check	c for the following amount made p	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fec & Certificate of Status	E\$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	Ameno Division The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Amendment to

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

CARE.AI, INC.	• • • • • • • • • • • • • • • • • • • •
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corp	poration:
WEBDR.AI INC.	
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	The new poration, ""company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word attion "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS) 1 East Broward Blvd. SUite 700
	Fort Lauderdale, FL. 33301
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same a sabove
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the fice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	m familiar with and accept the obligations of the position.
	bondi ph
Signatur	re of New 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)

Example:

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change			
Add			
Remove			
2)Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
			
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		,	
			<u> </u>
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provisions for implementing the amen	nge, reclassification, or ca	ncellation of issued sl the amendment itself:	ares,
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nge, reclassification, or cadment if not contained in	ncellation of issued sl the amendment itself:	ares,
provisions for implementing the amen	nge, reclassification, or ca	ncellation of issued sl the amendment itself:	ares,
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provisions for implementing the amen	inge, reclassification, or cading discount of the discount of	ncellation of issued sl the amendment itself:	ares,
provisions for implementing the amen	inge, reclassification, or cand discount of the discount of th	ncellation of issued sl the amendment itself:	ares,
provisions for implementing the amen	inge, reclassification, or cadment if not contained in	ncellation of issued sl the amendment itself:	ares,
provisions for implementing the amen	inge, reclassification, or cadment if not contained in	ncellation of issued sl the amendment itself:	ares,
provisions for implementing the amen	inge, reclassification, or ca	ncellation of issued sl the amendment itself:	ares,
provisions for implementing the amen	inge, reclassification, or ca	ncellation of issued sl the amendment itself:	ares,
provisions for implementing the amen	inge, reclassification, or ca	ncellation of issued sl the amendment itself:	ares,
f an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	inge, reclassification, or ca	ncellation of issued sl the amendment itself:	ares,
provisions for implementing the amen	inge, reclassification, or ca	ncellation of issued sl the amendment itself:	ares,

• .

	Oct 31st 2023	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Defendant data is a culture t		
Effective date <u>if applicable</u> :	(
	(no more than 90	days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicate partment of State's records.	ble statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or be	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The ifficient for approval.	number of votes cast for the amendment(s)
must be separately provided for	oroved by the shareholders through each voting group entitled to we for the amendment(s) was/were	ugh voting groups. The following statement ote separately on the amendment(s): e sufficient for approval
by		"
9)	(voting group)	·
	68	
October 31	st 2022	
Dated	50 2023	
Signature	amed 1 kodi of	
(By a d selecte	irector, president or other office d, by an incorporator – if in the ted fiduciary by that fiduciary)	r – if directors or officers have not been hands of a receiver, trustee, or other court
	Ahmad Moradi	
	(Typed or printed na	ime of person signing)
	President, CEO	• -
	(Title of person sign	ing)