P 230000 48444

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COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATIO	N:BETTER H	EALTH MEDICAL SUPPI	LIES INC	
	R:			
he enclosed Articles of Ame	<i>endment</i> and fee are su	bmitted for filing.		
lease return all corresponde	ace concerning this ma	tter to the following:		
		Yortiz Rodriguez		
	<u></u>	Name of Contact Persor	1	
	ветте	R HEALTH MEDICAL SU	JPPLIES INC	
		Firm/ Company		
	2640	HOLLYWOOD BLVD S	TE 120	
		Address		
		HOLLWOOD FL 33020		
		City/ State and Zip Code	2	
	Yor	tiz.rodriguez123@gmail.co	m	
		ed for future annual report		
or further information conce			801-2848	
Name of Cont	act Person	Area Coo	de & Daytime Telephone Number	
nclused is a check for the fo	llowing amount made	payable to the Florida Depa	artment of State:	
/	\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
_	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	

Articles of Amendment to

Articles of Incorporation

ωf

BETTER HEALTH MEDICAL SUPPLIES INC

(Name of Corporation as currently filed with the Florida Dept. of State) P23000048444 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (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: Yadleris Ortiz Rodriguez Name of New Registered Agent 2640 HOLLYWOOD BLVD STE 120 (Florida street address) HOLLYWOOD New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Me Ortu-Rodrigue

Signature of New Registered Agent, if changing

(City)

Check if applicable

 \square 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.

Example: X Change PT <u>John Doe</u> X Remove \underline{V} Mike Jones \underline{X} Add \underline{SV} Sally Smith Type of Action Title Address Name | (Check One) P 11640 SW 42nd ST UNIT 230 EFRAIN GARCIA 1) ____ Change MIRMAR FL 33025 Add Remove YADLERISO ORTIZ RODRIGUEZ 15802 HOMEWOOD LANE 2) ____ Change HUDSON FL 34667 Add Remove __ Change __ Add __ Remove 4) Change ___ Add _ Remove 5) ____ Change __ A**d**d _ Remove 6) ____ Change ___ Add _ Remove

tach additional she	rets, if necessary). (Be s_l	pecific)		
	 			
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	7.5.			
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m amengment pr	ovides for an exchange, r ementing the amendmen	t if not contained in t	<u>iccuation of issued shai</u> he amendment itself:	res,
(if not applicabl	e. indicate N/A)	t ii not contained in t	ne amenamenensen.	
(V)	· · · · · · · · · · · · · · · · · · ·			
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The date of each amendment(s) a date this document was signed.	doption:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requirement epartment of State's records.	s, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amoutficient for approval.	indment(s)
	proved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was were sufficient for approval	
by	"	
	(voting group)	
Dated	11 JOJZ 11 Llein oth Rodrigue	
selecte	irector, president or other officer – if directors or officers have r d, by an incorporator – if in the hands of a receiver, trustee, or o ted fiduciary by that fiduciary)	
	Yortiz Rodriguez	
	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	

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the