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(((H23000285844 3)))



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From:

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### COR AMND/RESTATE/CORRECT OR O/D RESIGN LLANES THERAPHY INC

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### (((H23000285844 3)))

Articles of Amendment to Articles of Incorporation of

#### LLANES THERAPHY INC

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

#### P23000053924

(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:

LLANES THERAPY	INC	_
name must be distinguishable and contain the word "corporation," "c		The nev
"Inc.," or Co.," or the designation "Corp." "Inc." or "Co"	l professional corporation name i	
"chartered," "professional association," or the abbreviation "P.A."		76 83
B. Enter new principal office address, if applicable:	N/A	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<del>- 5</del> 7
		SC A
C. Enter new mailing address, if applicable:		m <sub>S</sub> 5
(Mailing address MAY BE A POST OFFICE BOX)	N/A	끈질 5
		m <b>G</b>
D. If amending the registered agent and/or registered office addr	cass in Maridy anter the name of t	the
new registered agent and/or the new registered office address		<u></u>
	N/A	
Name of New Registered Agent	INIA	
Name of New Registered Agent	IN/A	<del></del>
		<u>.</u>
(Florida str	vet address)	
(Florida str. New Registered Office Address:	ver address) Flori	
(Florida str. New Registered Office Address:	vet address)	ida(Zip Code)
(Florida str. New Registered Office Address:	ver address) Flori	
(Florida str. New Registered Office Address:	cet address), Flori	
(Florida str. New Registered Office Address:	cet address) Flori	(Zip Code)
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:	cet address) Flori	(Zip Code)
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:	cet address) Flori	(Zip Code)
(Florida str.  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	cet address) Flori	(Zip Code)

#### Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

From: EXPRESS FILINGS INC

## (((H23000285844 3)))

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 = Trustec; 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		<b>2023</b> SEL
Type of Action (Check One)	Title	<u>Name</u>	<u>Addics</u> s	2023 AUG 17 AM ID: 53 SECRETARY OF STATE TALLAHASSEE, FL
1) Change				G 17 A
Add				SEE 5
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4)Change				
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove			11-1-2-2-2-2-2	
61 Change				
Add			<del> </del>	
Remove				

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## (((H23000285844 3)))

E. If amending or adding additional Artic (Attach additional sheets, if newessary)	(Be specific)			
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			2023 AUG	
		PI	<u>G</u> 17	eres Color
		<u>\$</u>		
		——, SER-S-	2	
		<u> </u>	0: 53	
		m	ယ	
F. If an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,			
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:			
		· · · · · · · · · · · · · · · · · · ·		
			·_····	
<del></del>				
	<del></del>			

# (((H23000285844 3)))

The date of each amendment(s) adoption:		, if other	r than the
date this document was signed.			
Effective date if applicable:			_
(no more than 90 days after amendment file date)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will n	ot be list	ted as the
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	n and sl	iareholde	er
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.	i		
The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):  "The number of votes cast for the amendment(s) was/were sufficient for approval  by	SESKL FAR	2023 AUG 17	TIF
(voting group)  08/17/2023  Dated  SignatureMARISSE LLANES (Aug. 17, 2023, 11:39 EDT)	Y OF STATE	AM 10: 53	
(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 court appointed fiduciary by that fiduciary)		•	
MARISSE LLANES GUTIERREZ			
(Typed or printed name of person signing)			•
PRESIDENT			
(Title of person signing)		<del>.</del>	-