P23000078192

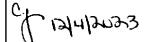
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: MEDYOU CORP				
DOCUMENT NUM	1BER: P23000078192				
The enclosed Article	s of Amendment and fee are s	ubmitted for filing.			
Please return all corr	espondence concerning this m	atter to the following:			
	CARLOS LONDON				
	PLUS TAX & SERVICES I	Name of Contact Perso	on .		
	2750 MICHIGAN AVE	Firm/ Company			
	Address KISSIMMEE, FLORIDA 34744				
		City/ State and Zip Cod	le		
	PLUSTAXSERVICES1@GI				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea		377-6175		
Name of Contact Person		at (Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made				
S35 Filing Fee	☐S43.75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment Articles of Incorporation

2023 [:0! 14 PH 5: 19 MEDYOU CORP (Name of Corporation as currently filed with the Florida Dept. of State) P23000078192 (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: (Muiling 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: Name of New Registered Agent (Florida street address) New Registered Office Address: _ , Florida (Citv) (Zip Code) 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,

Signature of New Registered Agent, if changing

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 Doc			
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	PRES	ZAPATA, ROSALBA	2350 NORTH CENTRAL AVE		
Add			KISSIMMEE, FL 34741		
XXX Remove			 		
2) Change	PRES	ZAPATA, DORALBA	2350 NORTH CENTRAL AVE		
XXX Add			KISSIMMEE, FL 34741		
Remove 3) Change					
Add					
Remove					
4) Change		-			
Add					
Remove					
5) Change	_				
Add			· · · · · · · · · · · · · · · · · · ·		
Remove					
6) Change	_		<u> </u>		
Add					
Remove					

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CONTROLLE FOR THINDICINETIE	ing the amendment if no	t contained in the am-	enament itseit:	
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	11/08/2023
The date of each amendment(s)	adoption:, if other than th
date this document was signed.	
	IMIDIATLY
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder 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 amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for 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)
11/08/20 Dated	23
Signature	aus
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	CARLOS LONDON (ACCOUNTANT)
	(Typed or printed name of person signing)
	INCORPORATOR
	(Title of person signing)