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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAXPLUS FINANCIAL SERVICES CORP

Account Number : I20230000108

Phone Fax Number

: (786)464-9978 : (305)675-6158

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

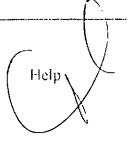
maria.torres@taxplusinsurance.com

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Tallahassee, FL 32314

From: TAXPLUS INSURANCE

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`		COVER LETTER		
TO: Amondment Section Division of Corpo				
NAME OF CORPOR	ME GOT YOUR	HELP CORP		
DOCUMENT NUMB	523000005702			_
The enclosed Articles	of Amendment and fee are so	abmitted for filling.		
Please return all corres	pondence concerning this ma	atter to the following:		
		MARIA V FORRES		
		Name of Contact Perso	(1	
	Т	AXPLUS INSURANCE A	GENCY	
•		Firm/ Company		20
_	808	10 NW 7TH STREET, ST	E 100	7
		Address		A
		MIAMI, FL 33126		
		City/ State and Zip Cod	e	THAS TO
	IA.	XPLUSFINANCIAL@AT	T.NET	SALE C
	E-mail address: (to be u.	sed for future annual report	notification)	TALLAHASSEE, FL
For further information	concerning this matter, plea	se call;		•
MARIA V	TORRES	786 at (464-9978	
Name o	f Contact Person	Aren Co	de & Daytime Telephone Ni	imber
Enclosed is a check for	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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Cupy is enclosed)	
Amer Divis	ing Address indment Section ion of Corporations Box 6127	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallohassee, FL 32303

WE GOT YOUR HELP CORP

(((H24000082990 3)))

Articles of Amendment 10 Articles of Incorporation υľ (Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

1/2400	9005793	
(Dosum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporati	ion adopts the following amendan
A. If amending name, enter the new name of the co	rporation:	
WE GOT YOUR HEALTH CORP		The now
name must be distinguishable and contain the word "co-"Inc.," or Co.," or the designation "Corp," "Inc. "chartered." "professional association," or the abbrev	or "Co". A professional corporati	ned" or the abbi eviation "Cmm.
B. Enter new principal office address, if applicable;		5
(Principal office address MUST BE A STREET ADD.	<u>RESS</u>)	<u> </u>
	- Addition - 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1	00 A
		(2)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	77.
D. If amending the registered agent and/or registere new registered agent and/or the new registered of New Registered Agent	ed office address in Florida, enter th ffice address:	e name of the
	(Florida street address)	, , , , , , , , , , , , , , , , , , ,
Now Registered Office Address:		. Plorida
	(Ch)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligi	ations of the position,
Signat	we of New Registered Agent, if chang	inķ

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 1.S.

(((H24000082990 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, F = Vice President, T = Treasurer; S = Secretary, D = Director; TR = Trustec; C = Chairman or Clerk. CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officeralization holds more than one title, list the first latter of each office held President, Treasurer, Director would be PTD.

Changes should be noted to the following manner. Corrently John Dae 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	PI	John Doc	
X Remove	Y	Mike Jones	
X Adc	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
! Change			207
Add			2024 HAR
Remove			
2) Change			(0)
Add			9
Remove 3) Change			77.0
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

		•			
To:	FLORIDA	DEPAR	RTMENT	OF	STATE

Page: 6 of 7

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From: TAXPLUS INSURANCE

E. If amending or adding additional Art	icles, enter change(s) here:	(((H24000082	
(Attach additional sheets, if necessary)	(Be specific)		
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. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,		
provisions for implementing the ame	ndment if not contained in the amendment itself:		
(y not applicable, indicate N/A)			
			
		and the same and t	

(((H24000082990 3))) 02/05/2024 The date of each amendment(s) adoption: _, if other 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 filling requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) 🗏 The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval (voting group) 02/05/2024 Dated Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) MARTIN A TUIRAN (Typed or printed name of person signing)

(Title of person signing)