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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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Centified Copies	Certificates of	of Status
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Special Instructions to Fil	ling Officer:	

Office Use Only

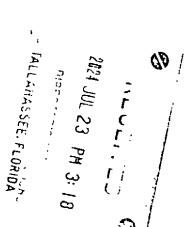


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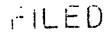
FLORIDA CAPITAL COURIER SERVICES, IN 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	IC
PLEASE USE FUNDS FROM THIS ACC AUTHORIZATION SIGNATURE: My Click US Corp P24000030271 BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified copies of	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication CORP LLP	_X _AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
INC	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Limited PartnershipRevocation of Dissolution
APOSTIL ()	Trademark Other
	EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION: MY CLICK US CORP
DOCUMENT NU	MBER: P24000030271
The enclosed Artic	les of Amendment and fee are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	RENATA SILVA
	Name of Contact Person
	PRECISION BUSINESS DEVELOPMENT INC
	Firm/ Company
	1661 E SAMPLE RD
	Address
	POMPANO BEACH, FL 33064
	City/ State and Zip Code
	contact@precisionbusinessdevelopment.net
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
RENATA SILVA	754 252-8664
Nan	ne of Contact Person Area Code & Daytime Telephone Number

Articles of Amendment to Articles of Incorporation of



MY CLICK US CORP

2024 JUL 23 AM 9: 21

(Name of	Corporation as currently filed with the Florida	
P24000030271		1940 - 1940 (1961) - 19
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(s)
A. If amending name, enter the new nam	ne of the corporation:	
DOCTOR CARE CORP		The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Con" chartered," "professional association," or	ne word "corporation," "company," or "incorpor rp," "Inc," or "Co". A professional corporat r the abbreviation "P.A."	rated" or the abbreviation "Corp.," tion name must contain the word
B. Enter new principal office address, if (Principal office address MUST BE A STE		
C. Enter new mailing address, if application (Mailing address MAY BE A POST OF	able: FFICE BOX)	
D. If amending the registered agent and/ new registered agent and/or the new	or registered office address in Florida, enter the	he name of the
Name of New Registered Agent		
_		
	(Florida street address)	
New Registered Office Address: _	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register	anging Registered Agent: red agent. I am familiar with and accept the obli	igations of the position.
	Signature of New Registered Agent, if chan	nging
Check if applicable The amendment(s) is/are being filed pur	, , , , , , , , , , , , , , , , , , ,	

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	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	SY	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		<u> </u>	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additions and sheets, if necess	sary). (Be specif	îc)			
		 				
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provisions fo	nent provides for a or implementing the oplicable, indicate N	e amendment if r	ssification, or car not contained in the	icellation of issue he amendment its	d shares. elf:	

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The date of each amendment(s) late this document was signed.	adoption:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the l	block does not meet the applicable statutory filing requirements, this of Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
07/22/20 Dated Signature	ma lua Bais.	
(By a selep	director, president or other officer — if directors or officers have not beer ted, by an incorporator — if in the hands of a receiver, trustee, or other continted fiduciary by that fiduciary)	
	AMAURI FERRARI BACOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	