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Office Use Only



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#### **COVER LETTER**

TO: Amendment Section Division of Corporations BIOREMEDIES, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BENNY O. RAASAKKA
Name of Contact Person BIOREMEDIES, THE. 1473 WHITEHAL BLVO.
Address WINTER SPAINSE PL 32708

City/State and Zip Code BUREMEDIES @ YAHOO, Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at ( 407 ) 925-7007

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee. .... Certificate of Status Certified Copy Certificate of Status (Additional copy is \*\* Certified Copy enclosed) (Additional Copy is enclosed)

### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation



BIOREMEDIES, INC.		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P9700003063		
(Document Number of Corporation (if	known)	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The now
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	Co". A professional corporation name must of	bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA	SECRETALLAND
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address;	ess in Florida, enter the name of the	TARY OF STATE ASSET FLORE
Name of New Registered Agent NAME A		
(Florida stree	et address)	
New Registered Office Address:	, Florida	-
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar we signature of New Registered Agent.		

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 <math>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	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	<u>_6</u>	MARGARET P. RAASAKKA	1473 WHITEHOUBLIO,
Add			WINTER SPRINGS FL
Remove			32708
2) Khange	V	BENNY O. RAASAKKA	1473 WHITZHALL BWA
Add			winter Spends FC 32708
Remove			32708
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		,	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) adoption:
Effective date if applicable: 09/01/2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
Adoption of Amendment(3)
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 statement 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,"  (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 08/28/2012 Signature Berry of Rescalle
Signature Berry de Rescolla
(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)
•
BEHNY O. RULLAPKA
(Typed or printed name of person signing)
VICE PRESIDENT
(Title of person signing)