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TO: Amendment Section Division of Corpor		_	
NAME OF CORPORA	Rolin	A Hedila	Services, Inc.
DOCUMENT NUMBE	er: <u>P9900</u>	XX 33.96	<u> </u>
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following: Name of Contact Perso	ayayani
_	3081 W. Pompane	Firm Company Address City/ State and Zip Cod	F2 33069
4.4.	E-mail address: (to be us	sed for future annual report	notification)
Gulstak	concerning this matter, please	Ryani 9	54-647-8147 ode & Daytime Telephone Number
Enclosed is a check for t	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailie	na Addroce	Straat	Addrace

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
Reliant Medical Seguiles, June
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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) The new new must be distinguishable and contain the word "corporation," or "incorporated" or the abbreviation was contain the word "chartered," "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: (Mailing 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 Gils/AMIN MITARUACIAIL
New Registered Office Address: 308 14 140 NHB RD, Florida 3306 (City) (City)
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)

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; <u>X</u> Change	PT John Doe
\underline{X} Remove	<u>V</u> <u>Mike Jones</u>
X Add	SV Sally Smith
Type of Action (Check One)	<u>Title</u> <u>Name</u> <u>Address</u>
1) Change	LEO ANICAR CITHER HYMAT
Add	21/ Theifty salue DC
Remove	268 Ca Kalen-186
2) Change	CCC Coulshika Chikachi
$\frac{X}{X}$ Add	517 Thatas Mala Di
Remove	158 Cic halon 1 5 6 57 43
3) Change	<u> </u>
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	
Add	
Remove	
6) Change	
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Add	
Remove	

ach addition	r adding additional nal sheets, if necessa	ry). (Be specific)	I		
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n amendme	ent provides for an	evchange, reclassi	fication, or can	cellation of issue	d shares,
ovisions for	implementing the object No.	amendment if not	contained in the	<u>e amendment its</u>	<u>elf:</u>
(i) ain app		5 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21 211	8211	1 Brother
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The date of each amendment(s) adoption:	10/2/18	if other than the
date this document was signed.	10/2/18	
Effective date <u>if applicable</u> :	(no hore than 90 days after amendment	file date)
Note: If the date inserted in this block does not document's effective date on the Department of	not meet the applicable statutory filing requests records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CF	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east fo approval.	r the amendment(s)
☐ The amendment(s) was/were approved by th must be separately provided for each voting		
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
by	<u> </u>	
(vo.	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder acti	ion and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action a	nd shareholder
Dated 10 2-//	\$	
Signature ////		
(By a director, pres	ident or other officer - if directors or office	ers have not been
	orporator – if in the hands of a receiver, tru	stee, or other court
appointed tiduciary	y by that inductary)	,
<u> </u>	(Typed or printed name of person signing)	havallan1
	CEO	
	(Title of person signing)	