P99000094591

(Po	questor's Name)	
(Re	questors (vame)	
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(D.	ainean Fakha Nam	
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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FILED
SECRETARY OF STATE
TO THE SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Amedio Inc		
	fBER:		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	CAROL AMEDIO		
		Name of Contact Persor	1
	AMEDIO, INC.		
	***************************************	Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	1146 LARCHMONT DR.		
		Address	
	ENGLEWOOD FL 34223		
		City/ State and Zip Code	2
	AMEDIOINC@YAHOO.CC	DM	
	-	sed for future annual report	notification)
For further informati	on concerning this matter, pleas		232-6905
Name of Contact Person		Area Coo) 232-6905 de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	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)
	ailing Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

AMEDIO, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P 99000094591			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporatio	on adopts the following amendment
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain and the designation of	Corp, " "Inc," or "Co".	A professional corporation	ted" or the abbreviation "Corp.," on name must contain the word
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S		N/A	
		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	
		N/A	
D. If amending the registered agent an new registered agent and/or the ne			name of the
Name of New Registered Agent	N/A		
		street address)	
N D : 100 411 .	N/A		, Florida ^{N/A}
New Registered Office Address:		(City)	, Piorida (Zip Code)
New Registered Agent's Signature, if a line like the line is like to the like the li			itions of the position.
	Signature of New	Registered Agent, if change	ing
Check if applicable	<u>U</u>		•

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<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	Address
1) Change	O	ERIKA L MITCHELL	916 DUQUESNE RD
Add			VENICE, FL 34293
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			***
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	······································
	. <u></u>
	····
. If an amendment provides for an exchange, reclassification, or cancellation of issue	d shares,
provisions for implementing the amendment if not contained in the amendment its	<u>elf:</u>
(if not applicable, indicate N/A) N/A	
NA	

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	11/1/2022	
The date of each amendment(s):	adoption:	, if other than the
date this document was signed.		
	/1/2022	
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 E	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statemen or each voting group entitled to vote separately on the amendment(s):	it.
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	··**	
	(voting group)	
11/1/2022		
Dated		
Signature Co	riof anedio	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
***	CAROL AMEDIO	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	