P03000107289

(Requestor's Name)
(
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•
<u> </u>

Office Use Only



100043752251

##52.50 *#\$2.50

SEGNETARY OF STATE,



COVER LETTER

TO:	Amendment Section					
L	Division of Corporations					

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Biomotion Associates, P.A.
DOCUMENT NUMBER: PO 3000 107289
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tamra Meier (Name of Contact Person)
Biomotion Associates, P.A. (Firm/Company)
2242 Stacil Circle (Address)
Waples, FL 34109 (City/State/and Zip Code)
For further information concerning this matter, please call:
Tamra Meier at (239) 593-4680 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

 $\mathcal{F}_{\mathbf{x}} := \{x \in \overline{\underline{\mathbf{x}}_{\mathbf{x}}} \mid x\}$

1

Articles of Amendment to Articles of Incorporation

5		of				شركية		
Diamati	IAN ASS	0<10	Tec P	Α.			7. O	သုံး
(Name of	corporation as curre		with the Florie	la Dept. of St	ate)		1013 ·	E
							ST.	•
P	93000 1	n 729	<i>39</i>				<i>y</i>	
	(Document numb	er of corpo	ration (if kno	own)		- .		-
			M					
rsuant to the provisions of sopts the following amendm	-				Profit Cor	poratio	r	
opes are ronowing amendin	ienus) io iis mue.	ies of hie	orporation.	•				
<u>EW CORPORATE NAMI</u>	E (if changing):							
Riamit	A < <	4 C 14	Tes	Inc				
ust contain the word "corporation	n," "company," or "in	corporated	l" or the abbr	eviation "Cor	p.," "Inc.,"	or "Co.")	- .	
professional corporation must co	ontain the word "char	tered", "pr	ofessional ass	sociation," or	the abbrevi	ation "P.A	. .")	
MENDMENTS ADOPTE	D- (OTHER TH.	AN NAN	E CHANG	GE) Indicat	e Article	Number	(s)	
d/or Article Title(s) being a						214131001	(5)	
7/		0		1	j			•
The Corpor	alion is	<u>ve</u>	ng c	nong	20	fro.	en	-
a " Nolesse	and ass	pera	Kion"	tot	a			
11 11	1)							
Corporalle	50							
								•
,								
<u> </u>				· + + :	•			 s
			:	· · · · · · · · · · · · · · · · · · ·			- - - - -	 &
				<u>+ +</u>				- · ·
				√ 1	-52		- X - 1	
			2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	- 				
				- t				
	(Attach addit	ional pages		- 1				- · · · · · · · · · · · · · · · · · · ·
in amendment provides for	·		if necessary		ued share	s. provis	ions	T/S
	exchange, reclas	sification	if necessary,	ation of iss				- TAPE
	exchange, reclas	sification	if necessary,	ation of iss				
nn amendment provides for implementing the amendm	exchange, reclas	sification	if necessary,	ation of iss				

(continued)

The date of each amendment(s) adoption: 1/18/05
Effective date if applicable: 1/18/05 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved 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)
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.
Signed this 18th day of January, 2005.
Signature (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)
Tampa Meler (Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35