## P0400005767

(Re	equestor's Name)	
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Name Change		
DOCUMENT NUMBER: P04000	05767	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Lhewellyn F. C.	of Person)	
Glinton Medica (Name of	Z/ Firm/ Company)	
2545 West 8	30 street, uni	<u>t#7</u>
Hialeah Fl- 33	30/6 te/ and Zip Code)	
For further information concerning this matter, p	please call:	
Lhewellyn Ginton (Name of Person)	at ( <u>305) 819</u> (Area Code & Daytime	6202 Telephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\to\$ Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations	

409 E. Gaines Street Tallahassee, FL 32399

Llewellyn F. Glinton. 2545 West 80<sup>th</sup> Street Unit # 7 Hialeah, Fl. 33016

February 3, 2004

Division Of Corporation Amendment Section Tallahassee, Fl. 32314

I would like to shorted the name: GLINTON MEDICAL PRODUCTS AND SERVICES, INC. TO: GLINTON MEDICAL, INC.

[] fewe

President

## Articles of Amendment

to

Articles of Incorporation
$C = 1$ $M = 10^{\text{of}}$
(Name of corporation as currently filed with the Florida Dept. of State)
(Name of corporation as currently fried with the Piorida Dept. of State)
P0400005767
(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:
NEW CORPORATE NAME (if changing):
Glinton Medical INC
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
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<i>y</i>
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(continued)

The date of each amendment(s) adoption: February 2nd 2004  Effective date if applicable: February 2nd 2004
Effective date if applicable: Februasy 2nd 2004 (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 2nd day of February . 2004.  Signature (By a director, president or other officer of 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)
Lhewellyn F. Glinton (Typen or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35