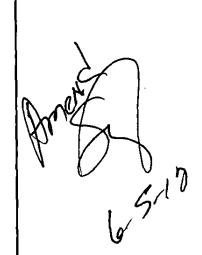
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CR MEDICAL, INC.
DOCUMENT NUMBER: P05000143348
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE MAURICIO BELLO
Name of Contact Person
LAW OFFICES OF JOSE MAURICIO BELLO
Firm/ Company 1500 WESTON ROAD, SUITE 200/17
Address
WESTON, FLORIDA, 33326
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSE MAURICIO BELLO
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) \$35 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



CR MEDICAL, INC.

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

P05000143348

nent(s) to

(Documer	nt Number of Corporation	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation ad	opts the following amendm
A. If amending name, enter the new na	ame of the corporation:		The ne
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporat	rated" or the abbreviatio
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1241 Stirling Road	
		Unit 116	
		Dania Beach Flor	rida 33004
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1241 Stirling Road	
		Unit 116	
		Dania Beach Florida 33004	
D. If amending the registered agent an new registered agent and/or the new			e of the
	Eleazar Benza		
Name of New Registered Agent	Licazai Beliza	quen	
	(Florida .	street address)	
New Registered Office Address:	1241 Stirling Rd S	116, Dania Beach , Florida	33004
	(Ci		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Age	nt·	
I hereby accept the appointment as regist			of the position.
Sig	gnature of New Registered	d 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 <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.

Example: XChange	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) xxxx Change Add Remove	SalesMGR	Eleazar Benzaquen	1241 Stirling Road, Unit 116 Dania Beach Florida 33004
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

samending or adding additional Artinates and additional Artinates and additional sheets, if necessary).	(Be specific)			
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			_	
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassificatio andment if not contai	n, or cancellation ned in the amend	of issued sha ment itself:	res.
				· · · · · · · · · · · · · · · · · · ·
				·
		· <u> </u>		

The date of each amendment(s) adoption: May 30, 2012
Effective date <u>if applicable</u> :	May 30, 2012
Enceute date it applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d 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 action was not required.	e adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	DS-30-12 DIM
Signature	THE STATE OF THE S
(By	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Eleazar Benzaquen
	(Typed or printed name of person signing)
	Sales Manager
	(Title of person signing)