P10000040157

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Nemesis Medical Group Inc.					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jose R morales Name of Contact Person Nemes is Medical Group Inc. Firm/ Company 1200 No. 78 Ave # 212					
Address					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (186) 322-90+ 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) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Amendment Section					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the	Florida Dept. of State)
P10000040157	•
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	SEP
	28 7
C. Enter new mailing address, if applicable:	The state of the s
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	——————————————————————————————————————
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	
	
(Florida s	treet address)
New Registered Office Address:	, Florida
(City	
New Registered Agent's Signature, if changing Registered Agen	t:
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
Signature of New Registerea	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: X Change	PT	John D	<u>00e</u>	
X Remove	<u>V</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	7	_	Jose R Moraks	1200 NW 78 AVC #212
<u></u> ≻ ∧dd				Doral, Fl. 33126
Remove				
2) Change	VP	-	Jorge L Valiente	1200 NW 78 Ave +612 Doral, Fl. 33126
Add				Doral, Fl. 33126.
Remove				
3) Change		_		
Àdd				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	 _			
Add				
Damoria				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(у пот аррисате, таксае 14/1)	
· ·	
,	
,	
,	

The date of each amendment(s) adoption: September 16, 2013 date this document was signed.	_, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	-
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted 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"	
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.	
Dated Scroember 16, 2013 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)	-
Tose P. Movales (Typed or printed name of person signing)	-
Pesiden J (Title of person signing)	_