P10000040157

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PICK-UP WAIT MAIL	
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04/21/15--01011--023 **35.00



(PM) 4-28-15

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:

Name of Contact Person Nemesis Medical Group Inc Firm/ Company 1200 N.W 78th Ave, Suite 212 Address Doral, FL 33126 City/ State and Zip Code

robadani@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto	Barbon	
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∴813

900-3684

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

□\$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Nemesis Medical Grou	p inc		70 resum
(Name of Corporation as cur	rently filed with the Flo	orida Dept. of State)	
P10000040157			
(Document No	umber of Corporation (if	known)	
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	5, Florida Statutes, this F	Torida Profit Corporation adopts (the following amendment(s) to
A. If amending name, enter the new name	of the corporation:		77
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "C	Co". A professional corporation i	
B. Enter new principal office address, if as (Principal office address MUST BE A STRE	oplicable:	N/A	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		N/A	
D. If amending the registered agent and/or new registered agent and/or the new re Name of New Registered Agent	gistered office address:		<u>the</u>
<u></u>	(Florida stre	eet address)	
New Registered Office Address:		, Florida	
	(City)	(4	Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		vith and accept the obligations of th	he position.

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 Doe	
X Remove	¥	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
i) Change	VP	Roberto Barbon	1200 N.W 78th Ave
Add			Suite 212
Remove			Doral, FL 33126
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<u></u>
Add			
Remove			
5) Change			
Add	•		
Remove			
6) Change			
Add		•	
Remove			

E. If amending or adding additional Articles (Attach additional sheets, if necessary). (B	enter change(s) here: Se specific)		
N/A			
		······································	
			· · · · · · · · · · · · · · · · · · ·
	······································		
F. If an amendment provides for an exchang provisions for implementing the amendm (if not applicable, indicate N/A)	te, reclassification, or c nent if not contained in	ancellation of issued sha the amendment itself:	ares,
N/A			
			
			

The date of each amendment(s) a	doption: 04/15/2015	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
Dated 04/15/20	315	
Dated O W 10 24		
Signature	12/2.	
(By a d selecte	irector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	·
	Roberto Barbon	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	