## P1300050915

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SECRETARY OF STATE

OCT 29 2013 T. CARTER

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:  SohMed, Inc.			
DOCUMENT NUMBER: P13000050915			
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Susan O. Holtzman			
Susan O. Holtzman,	Name of Contact Person Inc.	1	
14700 SW 87 Ct.	Firm/ Company		
Palmetto Bay, FL 33	Address 176		
	City/ State and Zip Code	}	
s_holtzm,@bellsouth.net			
E-mail address: (to be a	used for future annual report	notification)	
For further information concerning this matter, plea	ase call:		
Susan O. Holtzman 305 975-5293			
Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made	e payable to the Florida Depa	rtment of State:	
□ \$35 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



SohMed, Inc.	Trian.
(Name of Corporation as currently file P13000050915	d with the Florida Dept. of State 13-007 21 ATT 1 :- 01
(Document Number of C	orporation (if known)
tursuant to the provisions of section 607.1006, Florida is Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
<u>If amending name, enter the new name of the cor</u> Susan O. Holtzman, Inc.	
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDI</u>	No change
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX	No change
). If amending the registered agent and/or registere new registered agent and/or the new registered o	ffice address:
No chang <u>Name of New Registered Agent</u>	<del></del>
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered agent. I	
Ciat	Pagistered Apent 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.

X Change		John Doc	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del></del>
Add Remove			

	lditional sheets, if neces	ssary). (Be specific	nange(s) here: :)	
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provisio	endment provides for a ons for implementing the not applicable, indicate	he amendment if no		'es.
provisio	ons for implementing t	he amendment if no		es,
provisio	ons for implementing t	he amendment if no		es.
provisio	ons for implementing t	he amendment if no		es.
provisio	ons for implementing t	he amendment if no		es.
provisio	ons for implementing t	he amendment if no		es.
provisio	ons for implementing t	he amendment if no		es.

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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"  (voting group)	
(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.	
10/18/2013 Dated	
Signature Susan O. Holtzman	
(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)	
Susan O. Holtzman	
(Typed or printed name of person signing)	
President	
(Title of person signing)	