## P13000069239

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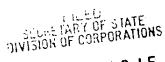
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	ATION: HEALTH S ER: P1300006923		SERVIC	ES, CORP.	
The enclosed Articles	of Amendment and fee are su	bmitted for fili	ng,		
Please return all corres	pondence concerning this mat	tter to the follo	wing:		
	Angelica M Salce	edo			
			ontact Person	1	
		Firm/ (	Company		
	19521 NW 77th Court				
		Ad	dress		
	Miami, FL 33015				
		City/ State	and Zip Code	<b>?</b>	
gm	financialsystemsll	c@yaho	o.com		
<u></u>	E-mail address: (to be us	sed for future a	nnual report	notification)	
For further information	concerning this matter, pleas	se call:			
Angelica M S	alcedo	at i	574	339-4114	
Name	of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	the following amount made	payable to the	Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fi Certified (Additional enclosed)	Copy il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314		Amend Divisio Clifton 2661 E	Address unent Section on of Corporations Building xecutive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation



14 NOV 18 AM 9: 45

## HEALTH SUPPLY SERVICES, CORP.

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P13000069239	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	19521 NW 77th Court
(Principal office address MUST BE A STREET ADDRESS)	Miami, Gardens, FL 33015
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19521 NW 77th Court
	Miami, Gardens, FL 33015
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Angelica M Salce	edo
19521 NW 77th	Court
(Florida stree	
New Registered Office Address: Miami Gardens (City)	, Florida 33015 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w  Signature of New Registered Agent.	(ed)

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	Р	Gonzalez, Claudia P	56 Madrid Lane	
Add			Davie, FL 33324	
Remove				
2) Change	PT	Salcedo, Angelica M	325 Arbor Court #3	
Add			Goshen, IN 46528	
Remove				
3) Change			V	
Add				
Remove				
4) Change				
Add			**************************************	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	dding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)
·	
an amendmen	provides for an exchange, reclassification, or cancellation of issued shares,
provisions for it	mplementing the amendment if not contained in the amendment itself:
(if not applie	cable, indicate N/A)
	/

The date of each amendment(s) adoption: November 1 date this document was signed.  Effective date if applicable: (no more the	1, 2014 TIVISION OF CORPORATIONS  14 NOV 18 AM 9: 45  than 90 days after amendment file date)	, if other than the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.		
The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle		
"The number of votes cast for the amendment(s) was	s/were sufficient for approval	
by(voting group)	"	
The amendment(s) was/were adopted by the board of dire action was not required.	ectors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators action was not required.	s without shareholder action and shareholder	
Dated_November 1, 2014	<del></del>	
Signature our	5 Cenin	
(By a director, president or other	r officer – if directors or officers have not been f in the hands of a receiver, trustee, or other court ciary)	
Claudia P Gonzale	ez	
(Турес	d or printed name of person signing)	
President		
Market Ma	(Title of person signing)	