## P15000782210

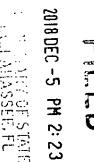
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C. GOLDEN DEC 1 0 2018

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** NAME OF CORPORATION: CRITICAL SUPPLY SOLUTIONS, INC. DOCUMENT NUMBER: P15000078226 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MATTHEW COHEN Name of Contact Person CRITICAL SUPPLY SOLUTIONS, INC. Firm/ Company 11601 BISCAYNE BLVD UNIT 312 Address MIAMI, FL 33181 City/ State and Zip Code mcohen@acssusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 646 ) 932-2100
Area Code & Daytime Telephone Number MATTHEW COHEN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

2018 DEC -5 PM 2: 23

CRITICAL SUPPLY SOLUTIONS, INC.

CRITICAL SUFFET SOLUTIONS, IN	<u> </u>	
( <u>Name</u> )	of Corporation as current	ly filed with the Florida Dept. of State) ALL AMASSEE, FI
P15000078226		
	(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
Not Applicable		The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		11601 BISCAYNE BLVD UNIT 312
		MIAMI, FL 33181
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11601 BISCAYNE BLVD UNIT 312
		MIAMI, FL 33181
D. If amending the registered agent an	id/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	MATTHEW COHEN	
	11601 BISCAYNE BLV	D UNIT 312
	(Florida st	reet address)
New Registered Office Address:	MIAMI	33181 , Florida
New Negativea Cypice Harress.		(City) (Zıp Code)
New Registered Agent's Signature, if c		
1 nevery accept the appointment as regist	erea agent. Tam familiar	with and accept the obligations of the position.
	1	
	1116	
	Signature of New	Registered 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Not Applicable	
Add			
Remove			
2) Change		Not Applicable	
Add			
Remove			
3 ) Change		Not Applicable	
Add			
Remove			
4) Change		Not Applicable	
Add			
Remove			
51 Change		Not Applicable	
Add			
Remove			
6) Change		Not Applicable	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Not Applicable
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
Not Applicable

The date of each amendment(s) adoption:	, if other than the
·	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK_ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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.	older
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
11/30/2018 Dated	
Signature A	
Signature  (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other c appointed fiduciary by that fiduciary)	
MATTHEW COHEN	
(Typed or printed name of person signing)	
Incorporator / CEO	
(Title of person signing)	