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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MPLAMED US	A CORPORATION	
DOCUMENT NUM	0.1700000.27070		
The enclosed Articles	of Amendment and fee are si	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	JOSE A VILLAR		
		Name of Contact Perso	ារា
	JOSE A VILLAR CPA PA		
		Firm/ Company	
	3850 SW 87 STE 301		
		Address	
	MIAMI, FL 33165		
		City/ State and Zip Coc	de
	jvíllar ajvillarepateom		
	•	sed for future annual report	(notification)
	n concerning this matter, plea		
JOSE A VILLAR		at () 448-1648 de & Daytime Felephone Number
Name o	of Contact Person	Area Co	de & Daytime Felephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, Fl. 32314		Amend Divisio The C 2415 (Address Iment Section on of Corporations entre of Tallahassee K. Monroe Street, Suite 810 issee, FL 32303

Articles of Amendment to Articles of Incorporation of

IMPLAMED USA CORPORATION		
(Name of Corporation	on as currently filed with the Flor	ida Dept. of State)
P17000037879		
(Docum	ent Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation;	Statutes, this Florida Profit Corpo	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc.," "chartered." "professional association." or the abbre B. Enter new principal office address, if applicable	or "Co" A professional corpo- viation "P.A"	parated" or the abbreviation "Corp." wation name most contain the word
(Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or register new registered agent and/or the new registered agent.	ed office address in Florida, ente	SSE PH 102
new registered agent and/or the new registered t	onge address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
	·	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		bligations of the position.
Siena	ture of New Registered Agent, if ch	anging
	and the second s	TO STATE OF THE ST

Check if applicable

 \square The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

 $P \sim President; \ \hat{V} \sim Vice \ President; \ \hat{U} \sim Treasurer, \ S \sim Secretary, \ D \sim Director, \ TR \sim Trustee; \ C \sim Chairman or Clerk; \ CEO \sim Chief Executive Officer, \ CFO \sim Chief Financial Officer - It an officer director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD$

Changes should be noted in the following manner. Currently John Doc 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, P1 as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

X Change	<u>PT</u>	John Dog		
X Remove	<u>V</u>	Mike Jones		
\underline{X} Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	D	DO PRADO, FELICIO C. JR.	2350 NW 93RD AVENUE	
Add			DORAL, FL 33172	
X Remove				
2) Change	· · ·	DO PRADO, FELICIO C. JR.	2350 NW 93RD AVENUE	
Add			DORAL, FL 33172	
X Remove				
Add			2022 ALL	
Remove			2022 JUL	7
4) Change			488 888	*-
Add				1
Remove				J
5) Change			1:02 03:07	
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific)	
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F. If an amendment provides for an exchange, reclussification, or cancellation of issued share	<u>s.</u>
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate VA)	
if an official and the	
	<u> </u>

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, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholde action was not required.	r action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amenda by the shareholders was/were sufficient for approval.	ment(s) TAIL
The amendment(s) was/were approved by the shareholders through voting groups. The following st 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	ASSE ASSE
by	P P
Dated To 19 (2002) Signature (By a director, president or other officer - if directors or officers have not have selected, by an incorporator - if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	PH 1: 02
TSAGET CRISTINA MICHIE G. (Typed or printed name of person signing)	400
your free dent	
(Title of person signing)	-