# P100068047

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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPOR	ATION: Hemo	va Inc.	
DOCUMENT NUMBI	0,000=00	8047	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	Maria	Name of Contact Person	andez
	Hemo	Name of Contact Person	1
~-		Firm/ Company	
_	75475	See 1/2t	n Place
	Miar	ii, FL 3.	3173
	Oahern E-mail address: (to be us	City/ State and Zip Code	MSM. Com
For further information	concerning this matter, pleas	se cail:	
Oscar A	Hernande	Z at 786	
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
	ng Address adment Section		Address Innent Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

#### Articles of Amendment

to

## Articles of Incorporation of

Hemova Inc. (Name of Corporation as current	ly filed with the Florida Dept. of State)
PM DDD 68047	· · · · · · · · · · · · · · · · · · ·
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation  B. Enter new principal office address, if applicable: (Principal office address)	'Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	NA PILED
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address.	
Name of New Registered Agent	/ <del>A</del>
New Registered Office Address:	rpet address)  A, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New 1	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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>		Address
1) Change Dr	reet	For Julia Vaca	7547 See 112Pl Miami, FL
X Add			Miani, FL
Remove		ı	33173 <sup>°</sup>
2) Change		N/A	
Add		1	
Remove		. []	
3 ) Change		$-\frac{N/H}{}$	
Add		·	
Remove		1	
4) Change		NA	
Add		1	
Remove		1	
5) Change		N/A	
Add			
Remove		j	
0 (1)		N/A	
6) Change			
Add			
Remove			

Attach <i>add</i>	ng or adding addit litional sheets, if, ne I I A	ional Articles, ecessary). (Be	specific)	<u>ij nere</u> :		
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provisions	idment provides f s for implementin	g the amendme	reclassification	ined in the ame	<u>ndment itself:</u>	res,
(if not	t applicable, indica	ite N/A)	/A_			
		<i>N</i> /	<del>1</del> T			
	_					

The date of each amendment(s) adoption: 10/14/2017
Effective date if applicable: 10/4/2017  (no mare than 90 days after amendment file date)
Note: It the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
☐ 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.
Dated 10/14/2017
Signature Maris Objernanda.  (By a director, president or other officer - of 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)
Maria C. Hernandez
(Typed or printed name of person signing)
Treasurer
(Title of person signing)