480023

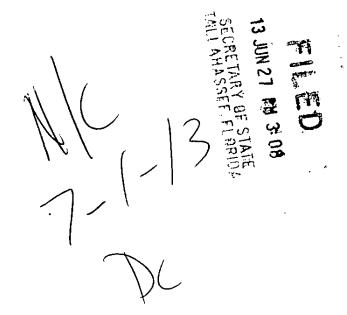
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COVER LETTER

• TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: BilAmerica,	Inc.		
DOCUMENT NUMBI				
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this mat	tter to the following:		
(Sharon Gimma			
-		Name of Contact Person		
	BilAmerica, Inc.			
		Firm/ Company		
	315, Herndon Av	enue, Suite 100,		
_	<u></u>	Address		
(Orlando, Florida -	- 32803		
-	·····	City/ State and Zip Code		
sha	ong@bilamerica	com		
<u> </u>		sed for future annual report	notification)	
For further information	concerning this matter, pleas			
Sharon Gimma		at (407	422 9831 ext 1005	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)	
Amer Divis P.O.	ng Address idment Section ion of Corporations Box 6327 nassee, FL 32314	Amendi Division Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

BliAmerica, inc.			_
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	_
480023			
(Documer	nt Number of Corporation (if I	known)	_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
Medusind Solutions of FI	orida, Inc.		The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the cooperation name must A."	abbreviation
- •		NA	
B. Enter new principal office address, (Principal office address MUST BE A S			_
			_
			<u> </u>
C. Enter new mailing address, if appli	icable:	NA	
(Mailing address MAY BE A POST)	<u>OFFICE BOX</u>)		_
			
D. If amending the registered agent an	nd/or registered office addre	ess in Florida, enter the name of the	7 5
new registered agent and/or the new		B II	召皇 二
Name of New Registered Agent	NA		是 27 問
		9	no a m
	(Florida stree	et address)	E SIN
New Registered Office Address:		. Florida	超 8
	(City)	(Zip Code)	<u></u>
New Registered Agent's Signature, if c	Langing Designand Agents		
I hereby accept the appointment as register	nanging Negistered Agent: tered agent. I am familiar wi	ith and accept the obligations of the position.	
	anature of New Registered A	gent 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)

1.45

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	
\underline{X} Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		NA	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if neces.	ary). (Be specific)			
NA				
	· · · · · · · · · · · · · · · · · · ·	· —		
	·			
				
 				
			- · - · · -	

			<u> </u>	
F. If an amendment provides for a	n exchange, reclassi	fication or concell	ation of issued sha	res
provisions for implementing th	e amendment if not	contained in the a	mendment itself:	1 001
(if not applicable, indicate I	//A)			
NA				
				· · · · · · · · · · · · · · · · · · ·
				
		. <u> </u>		
				

The date of each amendment(s)	adoption: 20th June 2013
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Fated 20th	June 2013
Signature	only
selec	director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Dhiren Kapadia
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)