512843

O4 NOV 23 AM 9:55
TALLAHASSEE, FLORIDA

		i i		. ,	ŕ	*
	(Re	questo	's Name)	· · · · ·		
	1	į į		¥.	į	-
		ļ	:		:	1.
	(Add	dress)				-
	(`	. ,	1			. ~ 'z
		<u>.</u>			<u>i</u>	المسيد. المالية المالية
	(Ada	dress)				<u> </u>
					•	₹.
		e .	1	·	:	
	(Cit	y/State	/Zip/Phon	e#)	· · · · · ·	
					2	
PICK-	100	\Box	1) A / A IT	. [MAIL	-
LI FICK-) —		VVAII	_ []	WAIL	
			÷		:	٠,
	1		,			_
	(Bů	siness	Entity Nai	me)		_
	r		·			
,					:	
	(Do	cumen	Number)	}		_
	:		1	•	•	
	4		; }		;	
Certified Copies	_ :	_ (ertificate:	s of Status	;	
	!	-			·	
	, ;				,	
						٦
Special Instruction	ns tọ I	Filing C	officer:			1
11/23 Ket ghone to	11:	an	TRO	1240	I But	, [
1/23 /100	y			The second	7	
Olone to	E. D.	1 3	€ 5.1	H. ap	gnov	24
grance in	:	٠,	٠	0 /		ľ
una mot	_ '/\fr	equ	une	y.		1
was not	i	0			•	1
	- 3				:	-
	•	Q .	12	_	:	}
	-/3	By	, ~			
1		,				

Office Use Only



200042423902

11/15/04--01070--012 **35.00

NC 1/30

72

TO: Amendment Section Division of Corporations

NAME	OF 6	CORI	ORAT	TON	i: A	: .ldo \$	Surg	gical	& H	ospit	al	Supp	ply,	In	c.	
* 12 521 7.5		J J Z Z				İ										
				<u>.</u>	- 512	843										
DOCE	MEN	TNU	MBER	L:	· · · ·	-					[4.11	
The en	closed	Artic	iles of s	1men	dmen	and fe	 e are	submitt	ed for	filing.						
Dieste	return	all co	Yrresnoi	വർണ	: ce conc	emino	this:	matter to	the f	ollowi	ne:					
Y.	1		***		1	12			4							
,*			****	7 .			<u> </u>	GD.								
	Ī		امو	1111	ညေ နက်	enkm			\\							
				-,		(1Nau	TO OT	Contact F	ersom)	İ						
	†			্ব			a.		· ;							
	1		She	∍nkr	nan 8	New	man	, C.P	.A.,	P.A	7					
	4		•				(Firm	/Compan	y)							
	1						•		. :							
			. 12	515	N. F	(enda	11	Drive	, #3	74						
	"4 		<u> </u>		1		(A	Address)			.,,,,,,					
	⋅			-	1		=		•			•				
			·Mኖ»	. m 4	, nFL	331	86		:							
	∄				1			e/ and Zip	Code		·					
	•			•	•	(019)	,	· www.czig	:							
For fur	therm	ıform	ation co	ncer	ning th	us matt	er, p	lease ca	11;	·						
		-		•	:			÷								
Ph:	lip	She	nkmaı	າ. ້ເ	PA	ţ	ua.	et (305	,	271	-858	5 ex	t.	204	
			e of Con			·····			(Area	Code d						
	-4	•	<u> </u>	Ž.,	1 -	1	· ·	•	Ŧ	=		+		. (1	i	
Enclos	ed is a	ı chəc	k for th	e fol	lowing	amour	it:		,					·		
&] \$35 I	iling F	ne.		43.75	Filing I	Fee &.		□ \$4	3.75 Fi	ling Fee	&		□ \$:	52.50	Filing Fee	
620 a W	, Currently in	Certificate of S					tatus Certified Copy				Cen				ificate of Status	
	į į					•			ddition nelosed	al copy	is				ed Copy ional Copy	
	!		•			:			いいいくりに	ارد					iosed)	
						,									•	
	!	-	<u>iling A</u>							eet Ad						
	l .	ATT	iendme	nt NA	CTLOT				Αn	aendmi	ent Si	ecnon				

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
409 E. Gaines Street Tallahassee, FL 32399

ARTICLE OF AMENDMENT

FILED

TO

04 NOV 23 AM 9:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

ALDO'S SURGICAL AND HOSPITAL SUPPLY, INC.

Article I of the Articles of Incorporation of ALDO'S SURGICAL AND HOSPITAL SUPPLY, INC. is amended to read as follows:

ARTICLE I.

The name of the corporation shall be ALDO SURGICAL AND HOSPITAL SUPPLY INC.

2. The foregoing amendment was adopted by the Directors of this Corporation on the 5th day of October 2004. Shareholder approval was not required.

IN WITNESS WHEREOF, the undersigned officers of this corporation have executed this Article of Amendment on the 5th day of October 2004.

Adelina Amat Prace

Jose Amat