# F56267

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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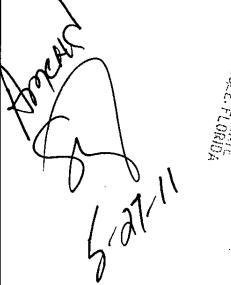
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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations NATIONAL MEDICAL EQUIPMENT, INC NAME OF CORPORATION: F56267 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ANTONIO RAVENTOS** Name of Contact Person NATIONAL MEDICAL EQUIPMENT, INC. Firm/ Company 2675 WEST 76TH STREET Address HIALEAH, FL 33016 City/ State and Zip Code NATIONALDME@MSN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTONIO RAVENTOS Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address**  Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment **Articles of Incorporation** of

### NATIONAL MEDICAL EQUIPMENT, INC

,	to Articles of Incorporation	1	
	of	•	ے م
NATIONAL MED	ICAL EQUIPMENT	,INC	
(Name of Corporation as curre	ently filed with the Florida	Dept. of State)	The total
	F56267		
(Document Nun	nber of Corporation (if know	vn)	<b>7.</b>
ursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Fl</i> o	orida Profit Corporatio	n adopts the following
. If amending name, enter the new name of	f the corporation:		7
_			The new
bbreviation "Corp.," "Inc.," or Co.," or the			
• •	,	he abbreviation "P.A."	
. Enter new principal office address, if app	licable:	the abbreviation "P.A."	<del></del>
Enter new principal office address, if app Principal office address MUST BE A STREE  Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)  If amending the registered agent and/or received agent and/or the new registered agent	licable: TADDRESS)  CE BOX		ne of the
Enter new principal office address, if app Principal office address MUST BE A STREE  Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)  If amending the registered agent and/or resistered agent.	licable: TADDRESS)  CE BOX		ne of the
Enter new principal office address, if app Principal office address MUST BE A STREE  Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE  Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered agent.	licable: TADDRESS)  CE BOX	Florida, enter the nar	ne of the
. Enter new principal office address, if app Principal office address MUST BE A STREE  . Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)  . If amending the registered agent and/or registered agent and/or the new registered agent.  Name of New Registered Agent:	icable: TADDRESS)  CE BOX)  registered office address in stered office address:  (Florida street address address)	Florida, enter the nar	
Enter new principal office address, if app Principal office address MUST BE A STREE  Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)  If amending the registered agent and/or registered agent and/or the new registered agent.  Name of New Registered Agent:	icable: TADDRESS)  CE BOX)  registered office address in stered office address:	Florida, enter the nar	

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	JAQUELINE RAVENTOS	6905 WILLOW LANE MIAMI LAKES, FL 33014	□ Add ☑ Remove
(attach ad	ling or adding additional Articles, ent dditional sheets, if necessary). (Be spe	cific)	
<u>provisio</u>	nendment provides for an exchange, report in the second ment in the se	eclassification, or cancellation of if not contained in the amendmen	issued shares, nt itself:

The date of each amendmen	t(s) adoption: 05/17/2011 .
Effective date <u>if applicable</u> :	05/17/2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemened 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	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_05/1	17/2011
Signature(By	y a director, president or other officer – if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	pointed fiduciary by that fiduciary)
	ANTONIO RAVENTOS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)