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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

WANT OF CORPOR	To Ha	Lan 1 abaz —	ta - 20 +
NAME OF CORPORA	ATION: <u>Prosthe</u>	HC LABORAT	ories, Inc.
DOCUMENT NUMBI	ER: <u>F 95311</u>		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Pedro	L. Llanes	
		Name of Contact Persor	1
	Prosthetic	e Laboratori	es, Inc.
_	Pedro L. Llanes Name of Contact Person Prosthetics Laboratories, Inc. Firm/ Company		
	Address		
_	1270 Bird	Rd. Coral 6	ables FL 33146
_		City/ State and Zip Code	
_	optable E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Padro L	Llanes	at (305	9052005 de & Daytime Telephone Number
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	X\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Prosthetics Laborator	y filed with the Florida Dept. of State)
F 95311	
	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "o" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	1270 Bird Rd
(Principal office address MUST BE A STREET ADDRESS)	Coral Gobles, FL 33146
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1270 Bird Rd
	1270 Bird Rd Coral Gables, FL 33146
D. If amending the registered agent and/or registered office address Name of New Registered Agent	
	
(Florida str	eet address)
New Registered Office Address:	(City) (Zip Code)
•	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	
Signature of New R	egistered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	

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)

Remove

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.

X Remove Y Mike Jones X Add SV Sally Smith Type of Action (Check One) Title Name Address 1) Change Jean State of	Example: X Change	<u>PT</u>	John Doc	
Type of Action (Check One) Title (Check One) Name Address 1) Change	X Remove	<u>V</u>	Mike Jones	
(Check One) 1) Change	X Add	<u>sv</u>	Sally Smith	
X Add Migmi, FL 33144 Remove		Title	<u>Name</u>	<u>Addres</u> s
X Add Migmi, FL 33144 Remove	1) Change	_V	Luis Carbajal	5841 SW 8th Street
2) Change	_X_ Add		J	Miami, FL 33144
AddRemove 3)ChangeAddRemove 4)ChangeAddRemove 5)ChangeAddRemove 6)Change	Remove			
Remove Change Add Add Add Add Add Add Add Remove So Change Add Add	2) Change			
3) Change Add	Add			
Remove	Remove Change			
4) Change	Add			
Add	Remove			
Remove	4) Change			
5) Change	Add			
Add	Remove			
Remove	5) Change			
6) Change	Add			
	Remove			
Add	6) Change			
	Add			

N/A	
	_
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
11/1	
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 1/17/2020 (no more than 90 days after amendment)	u file date)
i (no more man 30 days after amenamen	a fue date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this 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 with action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. T must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approv	al
by	"
(voting group)	
Dated 11/17/2020	
Signature	<u></u>
(By a director, president or other officer – if directors or offi selected, by an incorporator – if in the hands of a receiver, t appointed fiduciary by that fiduciary)	
_ PEOROL LLANES	
(Typed or printed name of person signing	r)
President	
(Title of person signing)	