602764

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)	<u>-</u>	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	S	
Special Instructions to Filing Officer:		
	:	

Office Use Only



100308930011

05/24/18--01017--002 **43.75

SECRETARY OF STATE

C. GOLDEN NAY 25 2018

COVER LETTER

TO: Amendment Section Division of Corporations

•

NAME OF CORPORATION: _	Med-Craft, Inc				
DOCUMENT NUMBER:	G02764				
The enclosed Articles of Amendmo	$oldsymbol{n}$ and fee are submitted for filing.				
Please return all correspondence co	nceroing this matter to the following:				
	Karina Duenas-Aragon				
	Name of Contact Person				
	Med-Craft, Inc				
	Firm/ Company				
2450 NW HOTH AVE					
	Address				
	Miami FL, 33172				
	City/ State and Zip Code				
	karinaduenas@med-air.com				
E-mail	ddress; (to be used for future annual report notification)				
For further information concerning	his matter, please call;				
Karina Duena	au(
Name of Contact Pe	son Area Code & Daytime Telephone Number				
Enclosed is a check for the following	amount made payable to the Florida Department of State:				
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee cate of Status (Additional copy is enclosed) (Additional Copy is enclosed)				
<u>Mailing Address</u> Amendment Sect	Street Address Amendment Section				
Division of Corp	rations Division of Corporations				
P.O. Box 6327 Tallahassee, F1, 2	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

2016 MAY 24 PM 12: 12

	Med-Cra		
(<u>Name</u>	of Corporation as currently	filed with the Florida	Dept. of State) SECRETARY OF STATE TALLAHASSEE, FLORID
	G02	764	IALLAMASSEE, PLONIC
	(Document Number of	Corporation (if known)	
Oursuant to the provisions of section 607. ts Articles of Incorporation:	.1006, Florida Statutes, this I	Torida Profit Corporatio	on adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc." or "C	'o". A professional con	
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		
 If amending the registered agent an new registered agent and/or the new 			name of the
Name of New Registered Agent	Karina Duenas-Aragon		
	2450 NW 110TH AVE	-	
	(Florida stre	et address)	
New Registered Office Address:	Miami		, Florida 33172
		City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agefu. 1 api Tamikar w	ith and accept the obligation of the obligation	ations of the position.

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	V	Alvaro Duenas	2450 NW 110TH AVE
Add			MIAMI FL, 33172
Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A				
F. If 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)				
N/A				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
5/22/18 Effective date <u>if applicable</u> :	
(no more than 90) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemust be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Karina Duenas	
(Typed or printed name of person signing)	
Vicepresident	
(Title of person signing)	