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(City/State/Zip/Phone #)

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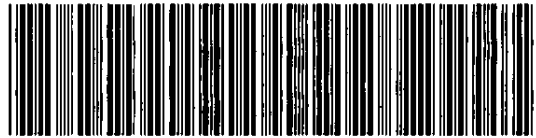
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Amend

09 JUL 20 PM 12:31

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

9/23/09 11:23:00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Medical Students in Action

DOCUMENT NUMBER: NO3000010303

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Chauoustie
(Name of Contact Person)

Medical Students in Action
(Firm/ Company)

7401 SW 53 COURT
(Address)

Miami, FL 33143
(City/ State and Zip Code)

eschauoustie@med.miami.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Chauoustie at (305) 6062 - 1218
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL 20 PM 12:31

Medical Students in Action, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO3000010303
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

7401 SW 53 Court
Miami, FL 33143

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7401 SW 53 Court
Miami, FL 33143

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Eric Chauoushie

New Registered Office Address:

7401 SW 53 Court
(Florida street address)

Miami

(City)

Florida

(Zip Code)

33143

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

<u>Title:</u>	<u>Name:</u>	<u>Address:</u>	<u>Action:</u>
<u>D</u>	Mathew Wideroff	463700 SW 110 Ave Miami, FL 33165	X add

The date of each amendment(s) adoption: July 6, 2009
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated July 6, 2009

Signature Shirley Plummer

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Stefania Prender
(Typed or printed name of person signing)

Medical Student Director
(Title of person signing)