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14 MAR -3 PM 2: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 0 4 2014

C. CARROTHERS

COVER LETTER

Division of Corporations Ultrasonic Cavitation Association, INC. NAME OF CORPORATION: N13000001664 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Suny Moroz (Name of Contact Person) Utrasonic Cavitation Association, INC.
(Firm/Company) 33424 (City/ State and Zip Code) Sunnua bhi.edu

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigs\\$43.75 Filing Fee & \$\Bigs\\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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

FILED

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UMYASOMIC CAV	itation	Associa	TION	#10C ·
(Name of Corporation as currently fi		. 1	TALL	AHASSEE, FLORIDA
N1300	<u>000 10 (</u>	<u></u>	-1 / 1 hn ha	
(Docume	nt Number of Cor	poration (if known)		
Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation:		, this <i>Florida Not For I</i>	Profit Corporation	on adopts the following
A. If amending name, enter the new name	of the corporatio	<u>n:</u>		
Utrasonic Cavitation name must be distinguishable and contain the		dio Frequence		thon, The new
"Company" or "Co." may not be used in the	name.	on or incorporateu	or the aboverial	ion corp. or me.
B. Enter new principal office address, if ap	oplicable:			
(Principal office address <u>MUST BE A STRE</u>				
	-			
	-			
C. Enter new mailing address, if applicable	le:			
(Mailing address MAY BE A POST OFF	TICE BOX)		· · · · · · · · · · · · · · · · · · ·	
•				
 If amending the registered agent and/or new registered agent and/or the new re 	registered office	address in Florida, er	nter the name of	<u>f the</u>
new registered agent and/or the new re-	<u> 2istered office ad</u>	aress:		
Name of New Registered Agent:				
New Registered Office Address:	a	Florida street address)		
-	(City)		, Florida	(Zip Code)
	. ,			(Lip Code)
New Registered Agent's Signature, if chans I hereby accept the appointment as registered			e obligations of	the position
25, weeep, me appointment as registered	ubene. I um jum	min unu uccept m	e vonganons of	те розшот
	ianatura of Nov. B	egistered Agent, if char	naina	
Si	gnature oj tvew K	едімегей мдені, іј спа	iging	

Page 1 of 4

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: XChange X Remove X Add	<u>V</u> <u>Mike</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add		Tali Arviv	11309 Countryway Blvd Tampa Fr 33626
Remove 2) Change Add	TR	Beinadette Corcoran	11309 Countryway Blvd Tampa FC 33626
Remove 3) Change Add	TR	Olga Stetsko	11309 Countryway Bha Tampa E 33626
Remove 4) Change Add Remove	TD	Tali Arviv	11309 Countryway Bha Tampa, Fi 33636
5) Change Add Remove			
6) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	

. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) add date this document was signed.	ption: $\frac{2/20/30/4}{}$, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the	amendment(s)
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment s.	(s) was/were
Dated .	120/2014	
Signature		
have not been	an or vice chairman of the board, president or other officen selected, by an incorporator – if in the hands of a received pointed fiduciary by that fiduciary)	
·	Sunny Moroz	·
(Typed or printed hame of person signing) President Director	
	(Title of person signing)	