

# N18 000006594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

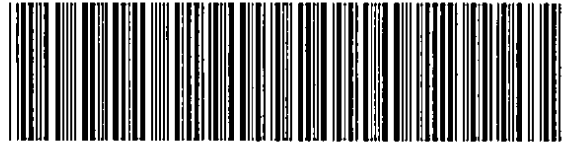
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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: INNOVATIVE TRANSFUSION MEDICINE INC

DOCUMENT NUMBER: N18000006594

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

Please return all correspondence concerning this matter to the following:

ROBERT O. MCKIE

(Name of Contact Person)

INNOVATIVE TRANSFUSION MEDICINE INC

(Firm/ Company)

3732 NW 126TH AVE.

(Address)

CORAL SPRINGS, FL 33065

(City/ State and Zip Code)

bmckie@mrnbx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT MCKIE

(Name of Contact Person)

at 954-531-6335

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

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

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

2013  
FEB 14 10

INNOVATIVE TRANSFUSION MEDICINE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000006594

(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:

NOT APPLICABLE

*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:

NOT APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

NOT APPLICABLE

(Mailing address MAY BE A POST OFFICE BOX)

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:

NOT APPLICABLE

NOT APPLICABLE

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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.*

NOT APPLICABLE

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>CFO</u> <u>COO</u>	<u>ROBERT O. MCKIE</u>	<u>10165 NW 69TH MANOR</u> <u>PARKLAND, FL 33076</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>Director</u> <u>COO</u>	<u>PETER MILLER</u>	<u>3732 NW 126TH AVE</u> <u>CORAL SPRINGS, FL 33065</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u> <u>          </u> <u>          </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u> <u>          </u> <u>          </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u> <u>          </u> <u>          </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u> <u>          </u> <u>          </u>

E. If amending or adding additional Articles, enter change(s) here:


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

NOT APPLICABLE

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- ☐ 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 9, 2020

Signature 

(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)

ROBERT O. MCKIE

(Typed or printed name of person signing)

CHIEF FINANCIAL OFFICER

(Title of person signing)