P01000017554

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: US Biosolu	tions, Inc.	
DOCUMENT NUME	BER: P0100001755	4	
	of Amendment and fee are sul		
Please return all corres	spondence concerning this mat	ter to the following:	
	Edwin Aguilera		
		Name of Contact Person	
	US Biosolutions,	lnc.	
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	same		
		Address	
	1900 n) 1	_	<i>(</i> 1, 1, 1, 2)
	1880 N Com	merce I Kwi	y, Ste 1+2 Jeston, Fn 3332 6
		City/ State and Zip Code	Jeston To 3332 (
kris	tin@cmfgsolution	s.com $^{\sim}$	
		ed for future annual report	notification)
			,
For further information	n concerning this matter, pleas	e call:	
Tot farmer information	reoncerning and matter, preas	c can.	
Kristin Aguile	era	_{at (} 954	424-4554
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			<u>Address</u>
	endment Section		ment Section
	sion of Corporations Box 6327	Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with	the Florida Dept. of State)
Us Biosolutions, Inc. P01000017554	
(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
n/a	The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/a 売機 む
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	FILED JUN 24 MID 47 MIASSEE, FLORED, n/a
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent n/a	
(Flor	rida street address)
New Registered Office Address: n/a	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am fam Signature of New Regist	niliar with and accept the obligations 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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	Don Lisiewski	15048 SW 51st St.	
Add			Davie, FL 33331	
X Remove				
2) Change	VP	Lester Aguilera	15060 Archervale St.	
Add			Davie, FL 33331	
X Remove			·····	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove			 	
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

<u>11 21</u> Atta	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
n/a	
<u>-</u>	
Ifa	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amendment if not contained in the amendment itself:
ı/a	(if not applicable, indicate N/A)
17 a	
	·

The date of each amendment(s) adoption:
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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Edwin Aguilera
(Typed or printed name of person signing)
President
(Title of person signing)