# PO1000072690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____    Certificates of Status _____

Special Instructions to Filing Officer:

*Change of Address of Officers. Reps & officers. per. Mr. Omar Espino*

Office Use Only

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07 SEP 10 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Name Change & Amend.*

09/18/07

DC

# COVER LETTER

TO: Amendment Section
      Division of Corporations

NAME OF CORPORATION: _L. M. J MEDICAL SUPPLIES_

DOCUMENT NUMBER: _P 01000072690_

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

Please return all correspondence concerning this matter to the following:

_OMAR ESPINO_
(Name of Contact Person)

_L M.J MEDICAL SUPPLIES, Inc_
(Firm/ Company)

_3550 Biscayne Blvd, Ste 311_
(Address)

_Miami, FL 33137_
(City/ State and Zip Code)

For further information concerning this matter, please call:

_OMAR ESPINO_ at (_305_) _572-1160_
(Name of Contact Person)        (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $35 Filing Fee     ☐ $43.75 Filing Fee &     ☐ $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** | **Street Address** |
| --- | --- |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | Tallahassee, FL 32301 |

# Articles of Amendment
## to
## Articles of Incorporation
### of

_L. M. J. MEDICAL SUPPLIES, Inc._

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

_P O 1 0000 72690_

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

_Rx Plus MEDICAL CARE, Inc._

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.,"
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

_PLEASE, CHANGE OF NAME FOR THE CORPORA-
TION. NEW NAME "Rx Plus MEDICAL CARE" INC_

_ALSO, NEW ADDRESS NEEDS TO BE CHANGED.
NEW ADDRESS AS OF SEPT 15, 2007
888 N.W. 27th Ave, Ste 4
MIAMI, FL 33125_

_Please also change address for
Registered Agent and officers to above_

(Attach additional pages if necessary)    _address._

If an amendment provides for 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_

(continued)

The date of each amendment(s) adoption: ___9/7/2007___

Effective date if __applicable__: ___9/7/2007___

(no more than 90 days after amendment file date)

**Adoption of Amendment(s)**        **(CHECK ONE)**

☐ The amendment(s) was/were approved 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)

☐ 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. *(ONE OWNER ONLY)*

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)

___OMAR ESPINO___
(Typed or printed name of person signing)

___PRESIDENT___
(Title of person signing)

**FILING FEE: $35**