

P02000012481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

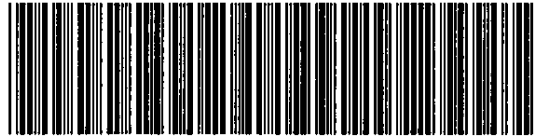
(Business Entity Name)

(Document Number)

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12/14/06--01043--007 **43.75

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ycellent Medical Services

DOCUMENT NUMBER: PO 2 0000 12481

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

Please return all correspondence concerning this matter to the following:

Vanessa alonso
(Name of Contact Person)

Ycellent Medical Services
(Firm/ Company)

3900W Flagler St.
(Address)

Miami FL 33134
(City/ State and Zip Code)

For further information concerning this matter, please call:

Vanessa alonso at (305) 476 0069
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

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

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

PO 20000 124 81
(Document number of corporation (if known))

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TALLAHASSEE FLORIDA

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):

(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**)

~~delete~~ registered agent & officer Maria Storz
New Registered Agent
is Vanessa Alonso Gen. Mgr.
13141 SW 5 St Mia FL 33184
New President / Director
is Israel Rodriguez
1300 SW 122 Ave #111A
Mia FL 33184

(Attach additional pages if necessary)

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)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further accept to comply with the provisions of all statues relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Vanessa Alonzo
Signature of Registered Agent

12.07.09
Date

The date of each amendment(s) adoption: 12/11/06

Effective date if applicable: _____
(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.

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)

ISRAEL RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35