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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATI	ION: MD	CI Florida Inc	
DOCUMENT NUMBER:		1012019	
The enclosed Articles of Ar	mendment and fee are su	ibmitted for filing.	
Please return all correspond	dence concerning this ma	itter to the following:	
	Garland Pa		
	· · · · · · · ·	Name of Contact Perso	n
	MDCI Flori	da Inc	
		Firm/ Company	
	405B 2nd	Street S	
		Address	
	Safety Har	bor, FL 34695	
		City/ State and Zip Cod	e
	• •	dci Florida sed for future annual report	
For further information con	and or Tor		' , 698-03 9 8
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment 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 A			Address
Amendment Section			lment Section
Division of Corporations		Divisio	on of Corporations

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation
of
MDCI Florida Inc

(Name of Corporation as cur	rrently filed with the Florida Dept. of State	<u>e</u>)
P0200017252 010	12019	
	ber of Corporation (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 corporatio	on:	
		The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia	or "Co". A professional corporation nan	
B. Enter new principal office address, if applicable:	 	<u>-</u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		r~1
		200
		9
C. Enter new mailing address, if applicable:		مدعوب 700
(Mailing address MAY BE A POST OFFICE BOX)		7
		<u>ω</u>
		<u></u>
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 ad	dress:	
Name of New Registered Agent		
-		
(Flori	ida street address)	
New Registered Office Address:	. Florida	
New Aegisterea Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent. I am fam.	iliar with and accept the obligations of the p	osition.
Signature of N	New Registered Agent, if changing	
ingliature by the	The magnification regard, 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: X Change	<u>b.L</u>	John Do	<u>se</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	<u>-</u> ,	-		
Remove				
6) Change		_		
Add				
Remove				

If an amendment provides for an 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) MDCI Florida herewith acknowledges transfer of 20 shares of capitol stock at \$1.00 par value from Garland Patterson Jr to Thomas A. Ferrar MDCI Florida capitol stock after this transfer is as follows 80 shares to Thomas A. Ferraro 20 shares to Garland Patterson Jr		iditional Articles, enter change(s) here: f necessary). (Be specific)			
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		and Patterson Jr	tterson .	Garland Patte	0 shares to
		······································			

The date of each amendment(s) adop	otion: 01-01-2019	, if other than the
date this document was signed.	Alon.	, ii odici tilali tik
Effective date if applicable:	01-01-2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, the rtment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendacient for approval.	nent(s)
	ved by the shareholders through voting groups. The following stack 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 adopte action was not required.	ed by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and sharehold	er
Dated01-01	-2019	
Signature	Thomas a. Ferraro	
(By a directed, t	ctor, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	Thomas A. Ferraro	
	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	