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(((H05000213813 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: XIOMARA LEE, P.A.

Account Number : 120040000008

Phon≘

: (305)262-2323

Fax Number

; (305)262-2324

BASIC AMENDMENT

ORTHO-SERVICE GROUP OF MIAMI, INC.

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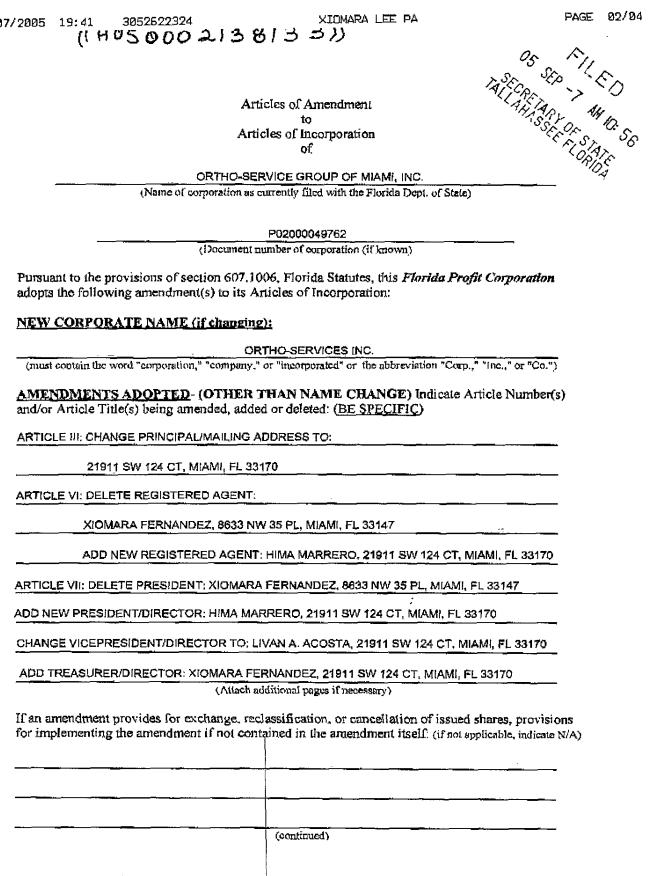
Corporate Filing

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XIOMARA LEE PA

(1 HU5000213813 31)



((H05000213 2133))

The date of each amendment(s) adoption: SEPTEMBER 7, 2005
Effective date if applicable: SEPTEMBER 7, 2005
(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.
Signed this 7TH day of SEPTEMBER 2005
Signature Demon Daniels
(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)
XIOMARA FERNANDEZ
(Typed or printed name of person signing)
PRESIDENT/DIRECTOR
(Title of person signing)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT

Hima Harrero 21911 5W 124 Ct Miami, FL 33140