

P020000098712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

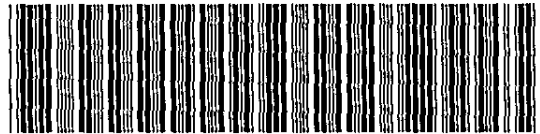
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

03/01/06--01009--009 **35.00

RECEIVED
06 MAR -1 AM 10:37
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

3/1/06

FILED
06 MAR -1 AM 11:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Charter Number Only

2/20 clara Rivadeneira

Clara Rivadeneira

Requestor's Name

2742 SW 8 Street # 201

Address

Miami FL 33135

City

State

ZIP

Phone

(305) 643-2248 A

VALIDATION ONLY

CORPORATION(S) NAME

J.Z. Medical Supplies Inc.

() Profit

() NonProfit

☒ Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

() Other

() Reinstatement

() Reservation

() Change of Registered Agent

() Certified Copy

() Photo Copies

() Certificate Under Seal

() Call When Ready

() Call If Problem

() After 4:30

☒ Walk In

() Will Wait

☒ Pick Up

() Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

**ARTICLES OF AMENDMENT
TO
ARTICLES OF PROFIT CORPORATION
OF**

FILED
06 MAR -1 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Z. MEDICAL SUPPLIES INC.

(Present name)

Pursuant to the provisions of section 607,1006 Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment article VI

Deleted:

**Jose Luis Gonzalez
814 S.W. 27th Avenue # 203
Miami-Fl. 33135**

**New Register Agent
Gilberto Medina
814 S.W. 27th Avenue # 203
Miami Florida 33135**

Amendment article VII

Deleted:

**Jose Luis Gonzalez (Director) 814 S.W. 27th Ave Mia-Fl
New Director
Gilberto Medina 814 S.W. 27th Ave# 203 Mia-Fl**

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, are as follows:

THIRD: The date of each amendment's adoptions: 02-24-06

FOURTH: Adoption of Amendment(s) (CHECK ONE)

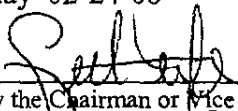
- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment (s) was/were sufficient for approval.
- the amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

The number of votes cast for the amendment(s) was/were sufficient for the 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 day 02-24-06

Signature


(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Gilberto Medina

Typed or printed name

PRESIDENT

Title

CERTIFICATE OF DESIGNATION REGISTER AGENT/REGISTER OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the register office/registered agent, in the state of Florida.

J.Z. MEDICAL SUPPLIES INC
(Name of Corporation)

FLORIDA

Desiring to organize under the law of the State of

(Florida)

With its principal office, as indicate in the articles of incorporation

GILBERTO MEDINA
named _____
(Name of Registered Agent)

located at **MIAMI** County of **DADE**

(City) (County)

State of Florida, as its agent to accept service of process within this state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE 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 OBLIGACIONES OF MY POSITION AS REGISTER AGENT.

SIGNATURE



Registered Agent