## P03000041887

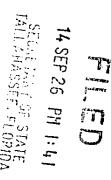
(Red	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section

Division of Corp	orations			
NAME OF CORPO	RATION: Creative	Medical Sol	ntans, tre. 98	SP 26 PH 11-11
DOCUMENT NUMI	BER: +05000	104688 1-	PU300004288	夕 ~ m
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		Tis = <b>つ</b> Poi : <b>つ</b>
Please return all corre	spondence concerning this ma	tter to the following:		語
	ED 18	ZEAD		<b>V</b>
		Name of Contact Person		
	CMSI			
		Firm/ Company		
	609 GRAN	Address  City/ State and Zip Code	PLACE	
	· ·	Address		
	SEFFNE	R. FL. 335	584	
		City/ State and Zip Code	<del> </del>	
For firsth as in formaction		ed for future annual report r	otification)	
ror turmer informatio	n concerning this matter, please	se caii:		
_ ED	READ	at (8/3	) 310 - 9100 e & Daytime Telephone Number	
Name	of Contact Person	Area Cod	e & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depar	tment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address	Street A		
Amendment Section		Amendn	nent Section	
	Division of Corporations  Division of Corporations			
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314		2661 Ex	ecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CREATIVE MEDICAL SOLUTION	···· · · · · · · · · · · · · · · · · ·	
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
P030000 42887		
(Document Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fle</i> its Articles of Incorporation:	orida Profit Corporation adopts the following ame	endment(s) t
A. If amending name, enter the new name of the corporation:	<del></del>	
	The	new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or $Co$ .," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P. $a$	". A professional corporation name must contain	iation in the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	TALLIAN SELA	o magazi
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	Ci consta Ci rissan Ci i
Name of New Registered Agent		
(Florida street	address)	<u>.                                      </u>
New Registered Office Address: (City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with  Signature of New Registered Age		

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 <math>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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u></u>	S'AMUEZ E. THOMPSON	4657 BLACKMORE COUR
Add			A657 BLACKMORE COUR Melbourne, FL 32934
Remove			
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			TASE 4
3) Change			ST CT ST
Add			07 0 F
Remove			
4) Change			L GRIDA
Add			
Remove			
5) Change			<u></u>
Add			
Remove			
6) Change			
Add			
Remove			

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	in the second
	TALL SECTION OF STATE
	······································
mendment provides for an exchange, reclassification, or casions for implementing the amendment if not contained in t	ncellation of issued shares,
if not applicable, indicate N/A)	ne amendment itsen:
	<del></del>
`	

The date of each amendment(s) adoption:  date this document was signed.	, if other than the
Effective date if applicable: 9-23-2014  (no more than 90 days after amendment file date)	
(no more man 20 days after amenament file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	3 - 17
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):	0 7
"The number of votes cast for the amendment(s) was/were sufficient for approval	THE THE
by	 . <del></del>
(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.	
Dated 9- 23 - 2014	
Dated 9-23-2014 Signature Edward Wead	
(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)	
Ed WARD H. Read (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	