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NEW FILINGS AMENDM	ENTS	
Profit		
NonProfit Resignation of I	R.A., Officer/Director	
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ARTICLES OF AMENDMENT
TO TALLAHASSEE, FLORIDA
ARTICLES OF INCORPORATION
OF

ORIGIN MEDICAL Supply, 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(s) adopted: (indicate article number(s) being amended, added or deleted)

Article #_\/ Directors

Delete: Isabel Coarcia President. 6446 SW 8 ST. Mani F/ 33144

Add: RUBEN IZOVIERDO: PRESIDENT. 6446 SW 8 ST. Miami. Fl 33144

Article # New Registered Agent

RUDEN IZQUIERDO.
6446 SW BSt. Mani Fl 33144

SECOND: 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 adoption: 01/53/2004 -
FOURTH: A loption 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 for each voting group entitled to vote separately on each amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by "
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 the Chairman or Vice Chairman of the 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)
Rusen Izaurendo. Typed or printed name
Dresident.
Title

Having been named as registered agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

Registered Agent Signature