P0400020485

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SCURLIARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Medical Consultiv	Service of Minni, INC.	
SUBJECT: Medical Consulting Services of Minni, INC. (Name of Compration) DOCUMENT NUMBER: PD4000020485		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Olga SARDIWAS	erson)	
Medical Consulting Services of Miam., Inc.		
1405 SW 107 I	AVE Suite 301-W	
Miami, FI 33174 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Olya Saroinas at (at (305 220 - 2227 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
□ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	

ARTICLES OF CORRECTION

for

Medical Consultanting Services of Miomi, Name of Corporation as currently filed with the Florida Dept. of State	LVC.
PD400020485 Document Number (if known)	,
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, these Articles of Correction within 30 days of the file date of the document bei	ng corrected.
These Articles of Correction correct the Articles of Thought	rotion,
filed with the Department of State on (File Date of Document).	
Specify the inaccuracy, incorrect statement, or defect:	
The same of the Country was	an lla
The name of the Coepanation was MULTICONSULTANTING".	= 2 = 2
	25 3 25 3
	FOR PR
Correct the inaccuracy, incorrect statement, or defect:	STATE SLORIDA
It needs to be corrected to "Consuft The whole name of the comporation she Follows: Medical Consulting Services of M.	ing".
The whole name of the comporation sh	ould read As
Follows: Medical Consulting Services of M.	AMI, FAC.
(Signature of director, bresident or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
OGA SAROIMS Ayped or printed name of person signing) (1	Plesisent (Ide of person signing)
	r

Filing Fee: \$35.00