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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF C	ORPORATION: MASTER MEDICAL	SUPPLIES U.S.A.INC	
DOCUMENT	NUMBER: P04000096655	·	.a
The enclosed	Articles of Amendment and fee are s	ubmitted for filing.	
Please return a	Il correspondence concerning this m	atter to the following:	
	SUSANA C	QUINONES	
•	(Name of C	ontact Person)	
	MASTER MEDICAL	SUPPLIES U S A INC	
·	(Firm/ C	Company)	
	1401 W FLAGLE	R ST . SUITE 207	
	(Ad	dress)	
	MIAMI, FI	_ 33135	_
	ŕ	and Zip Code)	·
For further inf	formation concerning this matter, ple	ase cali:	
	ANTHONY MARTIN	at ( 305 ) 642-232	26
. (	Name of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a c	check for the following amount:		
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Sec Division of Corp 409 E. Gaines St Tallahassee, FL	porations treet

## Articles of Amendment to Articles of Incorporation of

## MASTER MEDICAL SUPPLIES U.S.A. CORP

(Name of corporation as currently filed with the Florida Dept. of State)	CRET
P04000096655	逶"
(Document number of corporation (if known)	79
ursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> dopts the following amendment(s) to its Articles of Incorporation:	STATE
YEW CORPORATE NAME (if changing):	
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")	y
MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
IMA, MARTHA O REGISTERED AGENT DELETE	
IMA, MARTHA O PRESIDENT DELETE	
IARTIN, ANTHONY VICE PRESIDENTDELETE	
QUINONES, SUSANAREGISTER AGENT ADD	
QUINONES, SUSANA PRESIDENT ADD	
tolitories, soonwa i racolecti nos	
	4
(Attach additional pages if necessary)	
f an amendment provides for exchange, reclassification, or cancellation of issued shares, provision or implementing the amendment if not contained in the amendment itself: (if not applicable, indicate No	
VA	

(continued)

The date of each amendment(s) adoption: 11/05/2004
Effective date if applicable: 11/05/2004
(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 MARTHA O LIMA 2 ."
MARTHA O LIMA 2 "  (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 05 day of NOVEMBER 2004
Signature  (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)
MARTHA O LIMA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35