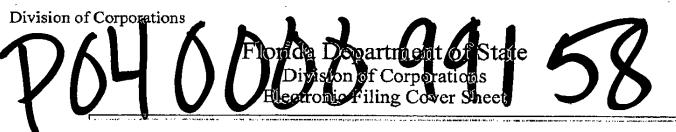
Page 1 of



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

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From:

Account Name

: JOHN L. TOMLINSON

Account Number : I19980000017

Phone

: (954)771-9336

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nd CCPA, COM

### COR AMND/RESTATE/CORRECT OR O/D RESIGN SUPERIOR INTERNATIONAL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

S. TALLENT MAR 0 7 2017

# (((H17000061523 3)))

Articles of Amendment to Articles of Incorporation

	of .		
SUPERI	OR INTERNATIONA	L SERVICES, INC.	•
(Name of Corpor	ation as currently file	d with the Florida Dept. of Sta	ate)
	P04000099158	3	
(Doc	ument Number of Corp	poration (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Flori	da Profit Corporation adopts th	e following amendment(
A. If amending name, enter the new name of the	comporation:		
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	rp," "Inc," or "Co".	A professional corporation no	The new or the abbreviation une must contain the
B. Enter new principal office address, if applical	ole:		
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS)		
	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		- <u> </u>
	_		
,			
D. If amending the registered agent and/or regis	tavad affice adduses in	Florida ententha name of th	
new registered agent and/or the new registere	d office address:	Fibrida, enter the name of the	<u>e</u>
Name of New Registered Agent			•
	•		
	(Florida street add	dress)	
New Registered Office Address:		. Florida	a
	(City)		(Zip Code)
New Registered Agent's Signature, if changing R	egistarad Apante		
hereby accept the appointment as registered agent.		nd accept the obligations of the j	position.
Çi,	enghere of New Registe	red Agent, if changing	

р.3

#### (((H170000615233)))

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 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.

X Change	PT	John Doe	
X Remove	Y	Mike Jones	·
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	MANDZUKA, ZLATKO	500 NW 62ND STREET, STE 210
Add			FORT LAUDERDALE, FL 33309
X Remove		•	
2) Change	D	Tomlinson, John	500 NW 62ND STREET, STE 210
X Add			FORT LAUDERDALE, FL 33309
Remove			
3) Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	_
Add			
Remove			
5)Change		· ·	_
Add			
Remove			
6) Change			
, Add		- ·· <del>·</del>	
Remove			

Page 2 of 4

# (((H17000061523 3)))

If amending or adding additional Attach additional sheets, if necessa	ry). (Be specifi	(c)			
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[ an amendment provides for an provisions for implementing the (if not applicable, indicate N//	n 	sification, or can t contained in th	cellation of issued e amendment itse	<u>i shares,</u> elfi:	
	,				
				····	
				<del></del>	

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The date of each amendment(s) adopting date this document was signed.	n:	if other than th
•		
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requirements, the ent of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment for approval.	ient(s)
	by the shareholders through voting groups. The following sta- 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	, n	
•	(voting group)	
The amendment(s) was/were adopted baction was not required.	y the board of directors without shareholder action and shareh	ıolder
☐ The amendment(s) was/were adopted be action was not required.	y the incorporators without shareholder action and shareholde	<b>अं</b>
	rch 3, 2017	
Dated	In S. imlinea	
(By a director	, president or other officer - if directors or officers have not b n incorporator - if in the hands of a receiver, trustee, or other uciary by that fiduciary)	
John 1	_ Tomlinson	
Medical- operation	(Typed or printed name of person signing)	
Direc	or	
<del></del>	(Title of person signing)	