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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Amend (1a, 4/2/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: CIT! MEDIC	AL, INC.	
DOCUMENT NU	MBER: <u>P04000111171</u>		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
LIB	ERTAD GALLARDO		
	(Name	of Contact Person)	
CIT	I MEDICAL INC.		
	(Fi	m/ Company)	
P.C). BOX 52-3866		
		(Address)	
MIA	MI, FLORIDA 33152-3866	,	
	` (City/ S	tate and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further inform	ation concerning this matter,	please call:	
LIBERTAD GALLARDO		at (305) 559-76	98
(Name of Contact Person)		(Area Code & Daytime	e Telephone Number)
Enclosed is a chec	k for the following amount:	,	
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center C	ircle

Articles of Amendment Articles of Incorporation of

CITI MEDICAL, INC. (Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known)

P04000111171

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: **NEW CORPORATE NAME (if changing):** N/A (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.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) BOARD OF DIRECTORS: LIBERTAD GALLARDO shall be removed as Director and President of the corporation. RAFAEL GALLARDO shall be Director, President, Treasurer and Secretary. (Attach additional pages if necessary) If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

(continued)

The date o	of each amendme	nt(s) adoption: March 15, 2008		
	late if applicable			
		(no more than 90 days after amendment file date)		
Adoption	of Amendment(s)	(CHECK ONE)		
✓) was/were approved by the shareholders. The number of votes cast for 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		
		(voting group)		
) was/were adopted by the board of directors without shareholder action ction was not required.		
	,) was/were adopted by the incorporators without shareholder action and was not required.		
	Signature	Literal haclards		
		director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court		
		ointed fiduciary by that fiduciary)		
	LI	BERTAD GALLARDO		
	-	(Typed or printed name of person signing)		
	PI	RESIDENT		
	· 	(Title of person signing)		

FILING FEE: \$35