## P04000122791

| (Re                     | equestor's Name)  | 1           |
|-------------------------|-------------------|-------------|
| (Ad                     | (dress)           |             |
| (Ac                     | ldress)           |             |
| (Cit                    | ty/State/Zip/Phon | ne #)       |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Na  | me)         |
| (Do                     | cument Number)    | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
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05/19/05--01078--007 \*\*52.50

DIVISION OF CORPORATIONS
2005 JUN -2 PH 12: 07

Amend.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CO        | ORPORATION: ABEL'S MEDICAL   | L SUPPLIES, INC.   |   |
|-------------------|--|--|---|
| DOCUMENT          | NUMBER: p04000122791   |  |   |
| The enclosed A    | Articles of Amendment and fee are  | submitted for filing.  |   |
| Please return a   | ll correspondence concerning this  | matter to the following:   |   |
|                   | Juan M   | 1. Rangel  |   |
| -                 | (Name of   | Contact Person)  |   |
|                   | Abel's Med   | ical Supplies, Inc.  |   |
| •                 | (Firm  | / Company)   |   |
|                   | 1840 West 4  | 9 Street, Suite 712  |   |
|                   | (/   | Address)   |   |
|                   | Hialeah,   | FL 33012   |   |
|                   | (City/ Stat  | e/ and Zip Code)   |   |
| For further inf   | formation concerning this matter, p  | lease call:  |   |
| Juan M. Range     |  | at (786 ) 24 7 0<br>(Area Code & Daytime T   |   |
| ·                 | Name of Contact Person)  | (Area Code & Daytime 1   | elephone Number)  |
| Enclosed is a     | 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<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|                   | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corpora 409 E. Gaines Stree Tallahassee, FL 323 | ations<br>et  |



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 25, 2005

JUAN A. RANGEL 1840 W. 49 ST., STE. 712 HIALEAH, FL 33012

SUBJECT: ABEL'S MEDICAL SUPPLIES, INC.

Ref. Number: P04000122791

We have received your document for ABEL'S MEDICAL SUPPLIES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Document Specialist

Letter Number: 505A00037752

## Articles of Amendment to Articles of Incorporation of

| DIVISION OF C          | LEU<br>Y OF STATE |
|------------------------|-------------------|
| 2005 . 1114            | ORPORATIONS       |
| <sup>2005</sup> JUN -2 | PH 12: 07         |

| ABEL'S MEDICAL SUPPLIES, INC.   |
|---|
| (Name of corporation as currently filed with the Florida Dept, of State)  |
| p04000122791  |
| (Document number of corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:  |
| NEW 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 |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number (and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)  |
| Article Six shall be amended as follows:  |
| Delete Maria E. Gomez and Andy N. Hernandez as officers/directors.  |
| Add Juan M. Rangel as Director, President and Secretary.  |
| Article Twelve shall be ameded as follows:  |
| Delete Maria E. Gomez at 1840 W. 49 Street, Suite 712, Hialeah, FL 33012 as registered agent/office.  |
| Add Juan M. Rangel at 1840 W. 49 Street, Suite 712, Hialeah, FL 33012 as registered agent/office.   |
|   |
|   |
|   |
| (Attach additional pages if necessary)  |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate                            |
|   |
|   |

(continued)

| The date of each amendment(s) adoption: April 26, 2005   |
|--|
| Effective date if applicable: (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   |
| (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  |
| Signature Joney  |
| (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) |
| MAVIA E. Gomez  (Typed or printed name of person signing)  |
| President (Title of person signing)  |

FILING FEE: \$35

I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Juan M. Kangel

DIVISION OF CORPORATIONS