

P05000084835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

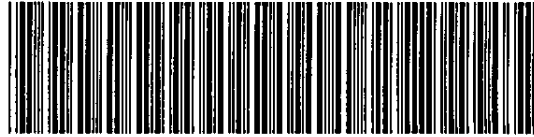
(Document Number)

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*Amend
Taxes*

10/26/06--01011--011 **43.75

FILED
06 NOV 21 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KROME MEDICAL SERVICES INC

DOCUMENT NUMBER: P05000084835

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMIGDIO MORENO

(Name of Contact Person)

KROME MEDICAL SERVICES INC

(Firm/ Company)

950 N KROME AVE STE 106

(Address)

HOMESTEAD FL 33030

(City/ State and Zip Code)

For further information concerning this matter, please call:

EMIGDIO MORENO

(Name of Contact Person)

at (786) 486-9783

(Area Code & Daytime Telephone 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
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 Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2006

EMIGDIO MORENO
KROME MEDICAL SERVICES INC
950 NORTH KROME AVE., SUITE 106
HOMESTEAD, FL 33030

SUBJECT: KROME MEDICAL SERVICES INC
Ref. Number: P05000084835

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 206A00063987

RECEIVED
06 NOV 27 AM 8:00
DIVISION OF CORPORATIONS

Articles of Amendment
to
Articles of Incorporation
of

FILED
06 NOV 27 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KROME MEDICAL SERVICES INC

(Name of corporation as currently filed with the Florida Dept. of State)

P05000084835

(Document number of corporation (if known))

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):

(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)**

Article # V Officer and Directors

DELETED:

EMIGDIO MORENO PRESIDENT

950 N KROME AVE STE 106

HOMESTEAD FL 33030

ADD:

EDUARDO ABREU

9737 NW 41 ST # 618 MIAMI FLORIDA 33178

(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 of each amendment(s) adoption: OCTOBER 20 2006

Effective date if applicable: OCTOBER 20 2006
(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
100"
(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.

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)

EMIGDIO MORENO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35