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SECRETARY OF STATE
TALL AHASSEE F. STATE

Amend JBrown 6-23-11

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: LISSMART Medical Supply Inc.
DOCUMENT NUMBER: P 05 00 0/2/343
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisvei Martinez Name of Contact Person
Lissmani Medical Supply Inc.
6702 HANley Rd Address
TAMPA, FL 33634 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aisver Manninez at (\$13) \$\$\frac{96}{2}\$ Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Sectificate of Status Status Sectified Copy (Additional copy is enclosed) \$43.75 Filing Fee Sectificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of Articles of Incorporation of (Name of Corporation as currently filed with the Florida Dept of State) POS 000 12 13 42 (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:		
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) TAMPA FL 33634		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) TAMPA 1-L 33634		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		
Name of New Registered Agent: Location Location		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		

Signature of New Registered Agent, if changing

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) **Type of Action** Title Name Address ☐ Add Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

The date of each amendment(s) adoption	: <u>6 15 11 </u>
Effective date if applicable: (no more the	rédate of adoption is required) nan 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statemen oting group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	amendment(s) was/were sufficient for approval
by	., <u></u>
(voting grou	up)
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
Dated 6/15	-/11 :
Signature	
selected, by an i	president or other difficer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court liary by that fiduciary)
	Lisuet Martinez (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PresiDENT
· (Ti	itle of person signing)