

PD5000121703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

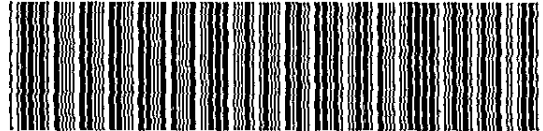
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500062384015

12/27/05--01009--025 **35.00

FILED
05 DEC 27 PM 2:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

Amend

T BROWN JAN - 4 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FACIL MED, INC.

DOCUMENT NUMBER: P05000121703

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

Please return all correspondence concerning this matter to the following:

BELEN PEREZ
(Name of Contact Person)

P & P ACCOUNTING SERVICES
(Firm/ Company)

1501 SW 16 AVE
(Address)

MIAMI FL 33145
(City/ State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

FACIL MED, INC.

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

P05000121703

(Document number of corporation (if known))

FILED
05 DEC 27 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - REGISTERED OFFICE AND AGENT
THE STREET ADDRESS OF THE CORPORATION IS:
701 THREE ISLANDS BLVD #418
HALLANDALE BEACH, FL 33009

THE NAME OF THE REGISTERED AGENT AT THIS
ADDRESS IS RAMIRO RAMOS

ARTICLE VI - THE ONLY OFFICER (AND/OR) DIRECTOR
OF THE CORPORATION IS: RAMIRO RAMOS - President
ADDRESS: 701 THREE ISLANDS BLVD #418

(Attach additional pages if necessary)

HALLANDALE BEACH, FL
33009

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)

(continued)

PAGE 1

The date of each amendment(s) adoption: DECEMBER 1, 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.

Signature X [Signature] 12/21/05
(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)

RAMIRO RAMOS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

I CERTIFY THAT I AM FAMILIAR WITH AND
ACCEPT THE RESPONSIBILITIES OF REGISTERED
AGENT ~~X~~ RAMIRO RAMOS

DECEMBER 21, 2005