

P05000167958

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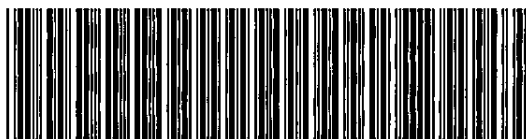
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P05000167958
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Medinsurance Corporation

DOCUMENT NUMBER: P050000167958 P05000167958

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

Please return all correspondence concerning this matter to the following:

Juan Roşa

(Name of Contact Person)

(Firm/ Company)

9930 NW 5th lane

(Address)

Miami, FI 33172

(City/ State and Zip Code)

For further information concerning this matter, please call:

Juan Rosa

(Name of Contact Person)

at (305) 588-9814

(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

May 2, 2007

JUAN ROSA
9930 NW 5TH LANE
MIAMI, FL 33172

SUBJECT: MEDINSURANCE, CORP
Ref. Number: P05000167958

We have received your document for MEDINSURANCE, CORP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

The print that you used is too small for image. Please reprint your document using larger text.

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) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 707A00030693

**Articles of Amendment
to
Articles of Incorporation
of**

MEDINSURANCE CORP

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

P05000167958

(Document number of corporation (if known))

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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)**

Amendment #1: all shares of Medinsurance (500 shares)

are sold to Mr. Esteban Puigjane for the amount of \$10.

The company is fully owned by Mr. Puigjane since 04/27/2007

Amendment #2: Mr. Juan Rosa resigns from Medinsurance and Mr. Puigjane is hereby
named president of Medinsurance, Corp.

Amendment #3: the new address of Medinsurance, Corp. is

7350 NW 7th Street, Suite 103, Miami, FL 33126

(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: 04/24/2007

Effective date if applicable: 04/24/2007

(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


(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)

Juan Rosa

(Typed or printed name of person signing)

President/owner

(Title of person signing)

FILING FEE: \$35