

P06000055232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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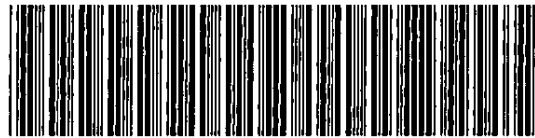
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

06/23/06--01035--002 **43.75

FILED
06 JUN 23 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Not
6/30/06*

To: Amendment Section
Division of Corporations

SUBJECT: CONI MED SOLUTION , INC.

DOCUMENT NUMBER: P06000055232

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

Please return all correspondence concerning this matter to the following:

Irama Garcia
2040 NE 163 ST
Suite 202B
North Miami Beach, FL 33162

Enclosed is a \$43.75 check made payable to the Department of State. Please provide a Certified Copy.

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
CONI MED SOLUTION , INC.

FILED
06 JUN 23 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, the undersigned corporation adopts the following amendment(s) to its Articles of Incorporation.

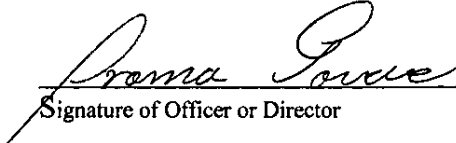
ARTICLE II (Principal place of business) is being amended to read as follows:

2040 NE 163 ST
Suite 202B
North Miami Beach, FL 33162

The date of each amendment's adoption: June 15, 2006

The amendments were adopted by the incorporators or board of directors without shareholder action and shareholder action was not required.

Signed this 15th day of June, 2006


Signature of Officer or Director

FRANKA Garcia
Printed Name

President
Title

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in Article IV of these Articles of Incorporation, the undersigned hereby agrees to act in this capacity. 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.


Signature of Registered Agent

06-15-06
Date