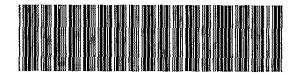
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COVER LETTER

→ TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: M 7 A	Medical Services Plus,
DOCUMENT NUMBER: POGODO	0083335
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Miriam He (Name of Conta	ernandez act Person)
M&A Medic (Firm/Com	al Services Plus, Inc.
14055 SW 142 (Addres	Ave (422)
Miami (City/ State and	EL. 33/86 Zip Code)
For further information concerning this matter, please	call:
Miriam Hernandez a (Name of Contact Person)	t (786) 389 - 3084 (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 & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Amendment Section A Division of Corporations D P.O. Box 6327 C Tallahassee, FL 32314 26	treet Address mendment Section vivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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of 2: 15
M & A Medical Services In the more
(Name of corporation as currently filed with the Florida Dept. of State)
\rightarrow
106000083335
(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:
NEW CORPORATE NAME (if changing):
(N/A)
(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)
delete: 6840 SW 19th Terrace, Miami, FL. 33155
address for registered agent and for
officer detail.
add: 14055 SW 142 Avenue #22, Miami, F2.3310
address for registered agent and for
officer detail.
(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)
KI / A

(continued)

The date of each amendmen	t(s) adoption:
Effective date if applicable:	09-11-2006
	09- 11-2006 (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The to must be separately provided for each voting group entitled to vote mendment(s):
"The number of	f votes cast for the amendment(s) was/were sufficient for approval by
**************************************	(voting group)
	was/were adopted by the board of directors without shareholder action was not required.
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
selec	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) Miriam Hernandez (Typed or printed name of person signing)
	(Typed or printed name or person signing)
	President
	(Title of person signing)

FILING FEE: \$35