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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	Life-Line Med Trainings, (Corp.
DOCUMENT NUM	ЛВЕR:	P96000090517	
The enclosed Article	es of Amendment and fee a	re submitted for filing.	
Please return all cor	respondence concerning thi	s matter to the following:	
_		Santos Santana	
	N	ame of Contact Person	•
_	Life-Lin	e Med Trainings, Corp.	
		Firm/ Company	
	1030	0 SW 72 Street # 380	
_		Address	**************************************
	1	Miami, FL 33173	
		ity/ State and Zip Code	Additional to the state of the
	lifeliner E-mail address: (to be use	nedt@gmail.com d for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
Sa	ntos Santana	at (786) 3	66-6395
Name o	f Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount m	nade payable to the Florida Depar	tment of State:
☑ \$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 Ade Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	ė.

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Life-Line M	ed Trainings, Corp.	
(Name of Corporation as curr	ently filed with the Florida	Dept. of State)
P96	6000090517	Ola K
(Document Nur	nber of Corporation (if know	wn) ACC C
ursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:		wn) orida Profit Corporation, adopts the following
. If amending name, enter the new name o	of the corporation:	
ame must be distinguishable and contain		The new
bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro Enter new principal office address, if apportunity and the structure of the structure	ofessional association," or to	
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	(CE BOX)	-
. If amending the registered agent and/or		Florida, enter the name of the
new registered agent and/or the new regi	istered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street aa	address)
	(1 PO MA DI DOI AA	aar booy
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changi hereby accept the appointment as registered to		nd 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) **Title** <u>Name</u> Address **Type of Action** P Juana I. Semidey ☑ · Add 1126 Ashford Ave # 33 San Juan PR 00907 ☐ Remove Mayra I. Melecio Torres VΡ ☑ Add 8400 SW 154 St. # 715 ☐ Remove Miami, FL 33193 S Santos Santana 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)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>S</u>	Kenia Arias	13434 SW 124 Ave Rd Miami, FL 33186	☐ Add ☐ Remove
<u>VP</u>	Marisel Santana	4671 SW 153 Pl Miami, FL 33185	☐ Add ☑ Remove
Р	Santos Santana	2230 SW 129 Ave Miami, FL 33175	
	ding or adding additional Articl dditional sheets, if necessary).		
provisi		ange, reclassification, or cancellation of the amendment if not contained in the amendm	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
D	Omar Fernandez	2411 SW 129 Ave Miami, FL 33175	☐ Add ☐ Remove
<u>D</u>	Jorge Piloto	21417 NW 39 Ave Opa Locka, FL 33055	☐ Add ☐ Remove
	ding or adding additional Article additional sheets, if necessary). (,
provis		nge, reclassification, or cancellation Iment if not contained in the amendr	
		•	

The date of each amendmen	t(s) adoption: July 1, 2010
Effective date <u>if applicable</u> :	July 1, 2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
✓ The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Santos Santana
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)