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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MAIN	STrut medica	L USA, incorporate	_ بر
	er: <u>P0600</u>			
	of Amendment and fee are s	,		
Please return all corres	oondence concerning this m	atter to the following:		
-	Main S 11734 N Tampy, Wosman E-mail address: (to be u	Address FL 336/8 City/ State and Zip Cod 7000 @ Gmile sed for future annual report	L MSA, INCUMPORTS	<u>.</u>
For further information	concerning this matter, plea		394 5416	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:	
□ \$35 Filing Fee	□S43.75 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)	
Amen Divisi ◆ P.O. E	ng Address dment Section on of Corporations fox 6327 assee, FL 32314	Amend Divisio Clifion	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of	hot acton
Main Stret Mc	dical USA, incorporated
(Name of Corporation as currently	alled with the Florida Dept. of State)
Pob 0000 950 (Document Number of C	89
(Document Number of C	'orporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
~ [/ N	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "P,	" "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addressnew registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	address)
New Registered Office Address:	, Florida
	, Florida; Florida
New Registered Agent's Signature, if changing Registered Agent:	~1/A
New Registered Agent's Signature, it changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of The position.
Signature of New Res	istered Agent, if changing
Signature of sell-reg	married regerms by continging

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add,

Example:	we, and sain simi	m, sv as an Maa,	
X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	WALI Abdilmoreles	422 challice dr SPring HW, FL 3460
Add			SPring HW, FL 3460
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			**************************************
Remove			
Z) Change			
6) Change			
Add			
Remove			

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, reclassification, or	cancellation of issu	ied shares,	
ent if not contained	in the amendment i	tself:	
			
			-·· <u>·</u> .=•
		· · · · · · · · · · · · · · · · · · ·	
	e, reclassification, or ent if not contained	e, reclassification, or cancellation of issuent if not contained in the amendment i	e, reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:

The date of each amendment(s) adoption:/O2S20/8 date this document was signed.	, if other than the
Effective date if applicable: 10-25-2018	
(no more than 90 days after amendment file date)	
Note : If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
☐ 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.	
Dated $10 - 25 - 2018$	
Signature By a director, president or other officer – if directors or officers have not been	
(1) a director, prevalent of valet officer in directors of officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that (iduciary)	
Stephen Stefano	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

. . . .