

Division of Corporations

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Florida Department of State

Division of Corporations

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DIVISION OF CORPORATIONS

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

TRUCK FIBER REPAIR, INC.

| | |
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Amend/
 08/14/06

839-205-0381

8/15/2006 12:06

PAGE 001/001

Florida Dept of State



August 15, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRUCK FIBER REPAIR, INC.
8280 WEST 14TH AVENUE
HIALEAH, FL 33014

SUBJECT: TRUCK FIBER REPAIR, INC.
REF: P06000095787

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Upon receipt the first page of the amendment was missing. Please refax the entire document for filing.

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) 245-6957.

Pamela Smith
Document Specialist

FAX Aud. #: H06000203647
Letter Number: 306A00050407

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRUCK FIBER REPAIR, INC.

DOCUMENT NUMBER: P06000095787

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

Please return all correspondence concerning this matter to the following:

JULIAN CRUZ

(Name of Contact Person)

TRUCK FIBER REPAIR, INC.

(Firm/ Company)

8280 WEST 14TH AVENUE

(Address)

HIALEAH, FL, 33014

(City/ State and Zip Code)

For further information concerning this matter, please call:

JULIAN CRUZ

(Name of Contact Person)

at (786) 267-3082

(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 &
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(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

Articles of Amendment
to
Articles of Incorporation
of

FILED
06 AUG 24 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRUCK FIBER REPAIR, INC.

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

P06000095787

(Document number of corporation (if known))

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):

I - MEDICAL EQUIPMENT & SUPPLIES CORP.

(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)**

AMEND: ARTICLE V: THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

DELETE: JULIAN CRUZ-8280 WEST 14TH AVENUE HIALEAH, FL, 33014

ADD: IDALMY CRUZ-8280 WEST 14TH AVENUE HIALEAH, FL, 33014

ARTICLE VII: THE INITIAL OFFICER (S) AND/OR DIRECTOR(S) OF THE CORPORATION IS/ARE:

DELETE: JULIAN CRUZ-P-8280 WEST 14TH AVENUE HIALEAH, FL, 33014

ADD: IDALMY CRUZ-8280 WEST 14TH AVENUE HIALEAH, FL, 33014

(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)

(continued)

The date of each amendment(s) adoption: 08/14/2006

Effective date if applicable: 08/14/2006

(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)

JULIAN CRUZ

(Typed or printed name of person signing)

OFFICER/DIRECTOR

(Title of person signing)

FILING FEE: \$35

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

I-Medical Equipment & Supplies Corp.

Pursuant to Florida status Section 48.091 and 607.0501 The following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of incorporation at

8280 WEST 14TH AVENUE

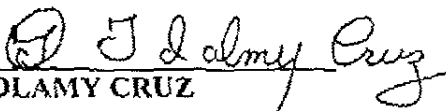
HALEAH, FL, 33014

Has named IDALMY CRUZ As registered agent to accept service of process within the State.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificated, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all relating the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

08/14/2006

Date


IDALMY CRUZ