

PO6000100898

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2011 JUL 14 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Ames*  
*7/15/11*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BNC-Neuro-IOM, Inc

DOCUMENT NUMBER: P06000100898

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

Please return all correspondence concerning this matter to the following:

Dalia Pineiro  
Name of Contact Person

BNC-NEURO-IOM, Inc  
Firm/ Company

529 SW 136 PL  
Address

Miami, FL 33184  
City/ State and Zip Code

gPineiro575@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guillermo Pineiro at (305) 724-6990  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 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

BNC-NEURO-TOM, Inc

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

P06000100 898

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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 address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Dalia Pineiro

New Registered Office Address:

529 SW 136 PL

(Florida street address)

Miami

(City)

Florida 33184

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

+ Dalia Pineiro

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)*

| <u>Title</u>  | <u>Name</u>                   | <u>Address</u>                    | <u>Type of Action</u>                                                      |
|---------------|-------------------------------|-----------------------------------|----------------------------------------------------------------------------|
| <del>VP</del> | <del>Carlos F. Blandino</del> |                                   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| VP            | Carlos F. Blandino            | 12274 SW 95 St<br>Miami, FL 33186 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| P             | Dalia Pineiro                 | 529 SW 136 PL<br>Miami, FL 33184  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |

**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)*

The date of each amendment(s) adoption: \_\_\_\_\_

(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

☒ The amendment(s) was/were adopted 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.

Dated \_\_\_\_\_

July 11, 2011

Signature \_\_\_\_\_

x Dalia Pinedo

(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)

Dalia Pinedo

(Typed or printed name of person signing)

President

(Title of person signing)