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* TO: Amendment Section **Division of Corporations**

NAME OF CORPORA			upplies Geoup =
DOCUMENT NUMBI	er: 10600	00/11/938	
The enclosed Articles of	f Amendment and fee ar		
Please return all corresp	ondence concerning this	s matter to the following:	6-41729
	(Name o	of Contact Person)	
	Acc 8300 W. Fla	Urate gler St., #118	
	- Mami (Fir	nv Company)	
		(Address)	
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	(City/ St	tate and Zip Code)	
For further information	concerning this matter,	please call:	
For further information	steella	at (<u>305</u>) <u>2</u> 2	168727
(Name of C	ontact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for	the following amount:		
\$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 Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2006

ACCURATE 8300 W. FLAGLER STREET #118 MIAMI, FL 33144

SUBJECT: N & A MEDICAL SUPPLIES GROUP INC.

Ref. Number: P06000111438

We have received your document for N & A MEDICAL SUPPLIES GROUP INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Letter Number: 006A00056791

Karen Gibson Document Specialist Supervisor

Articles of Amendment to Articles of Incorporation of Ne A Hedical Supplies Geouponic Name of corporation as currently filed with the Florida Dept. of State)
PO 6000 (1/438) (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): PLEMICR READ CALE GLOUP INC. (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 name change

(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)

9-19-06
The date of each amendment(s) adoption: Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
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.
SignatureGus 4.
(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)
Alcibiades Sierra-Alonso
(Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35