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ALL AHASSEF, FLORIO

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: COMPLETE HE	EALTH DIAGNOSTIC & NUCLEAR	RSOLUTIONS
DOCUMENT NU	MBER: P06000116070		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
	MIRIAM C SI	FONTES	
	(Name	of Contact Person)	
	SIFONTES & ASSOC	CIATES	
	(Fír	rm/ Company)	
	435 HIA	LEAH DR. #9	
		(Address)	
	HIALEAH	, FL, 33010	
	(City/ S	tate/ and Zip Code)	
For further inform	ation concerning this matter,	please call:	
GERARDO	PORTILLA	at (305) 8880130	
(Nam	e of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a chec	k 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)
Am Div P.C	illing Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address Amendment Secti Division of Corpo 409 E. Gaines Stre Tallahassee, FL 3:	rations eet

Articles of Amendment to Articles of Incorporation of

	MPLETE HEALTH DIAGNOSTIC & NOCLEAR SOLUTIONS 1 NC		_
1)	Name of corporation as currently filed with the Florida Dept. of State)	** **********************************	0
			7
,	P06000116070	_온즘	3U
	(Document number of corporation (if known)	SS	AUG -3
Pursuant to the provision adopts the following at	ons of section 607.1006, Florida Statutes, this Florida Profit Cornendment(s) to its Articles of Incorporation: NAME (if changing):	pofuir FLO Y. FLO	
NEW CORPORATE	NAME (if changing):	RATE	52
N/A		حيد	
(A professional corporation AMENDMENTS ADD	rporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or must contain the word "chartered", "professional association," or the abbreviation of	ation "P.,	1. "j
and/or Article Title(s) I	being amended, added or deleted: (BE SPECIFIC)		
Amendment #1	Article V- Initial Officers and/ or Directors		
The number of D	irectors are increased from one (1) to four (4) Directors		
The name and ac	ddress of the added Directors are:		
Carmenza Mesa	15472 SW 39 ST., MIAMI,FL,33185	······································	_
Edgar Jose Farias	10732 NW 69 TERRAS, MIAMI,FL, 33178	<u> </u>	
Alejandro Jose Fa	rias 10732 NW 69 Terras , Miami, Fl, 33178		~
	(See attached page)		
	(Attach additional pages if necessary)	 ,	
If an amendment provi for implementing the a	des for exchange, reclassification, or cancellation of issued shares mendment if not contained in the amendment itself: (if not applicable)	8, provis le. indica	sions te N/A`
N/a			
			_

(continued)

ATTACHMENT TO

Articles of Amendment to Articles of Incorporation of

COMPLETE HEALTH DIAGNOSTIC & NUCLEAR SOLUTIONS

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AMENDMENTS ADOPTED (CONT)

Amendment #2 Article IV Shares

Out of the total 100 shares stock:

- 25 shares belong to Gerardo Portilla, Director
- 25 shares belong to Edgar Jose Farias, Director
- 25 shares belong to Alejandro Jose Farias, Director
- 25 shares belong to Carmenza Mesa, Director

Signature

Gerardo Portilla, Director

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SECRETARY OF STATE
ALLAHASSEE, FLORID

The date of each amendment(s) adoption: June 27/2007		
Effective date if applicable:	, , , , , , , , , , , , , , , , , , , ,	
-	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	
	was/were approved by the shareholders through voting groups. The at must be separately provided for each voting group entitled to vote amendment(s):	
"The number o	f votes cast for the amendment(s) was/were sufficient for approval by	
	(voting group)	
	was/were adopted by the board of directors without shareholder action was not required.	
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.	
sele	director, president or other officer - if directors or officers have not been eted, by an incorporator - if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	GERARDO PORTILLA	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	

FILING FEE: \$35