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FAX NO. : 3052201440

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P06000119893

Florida Department of State  
Division of Corporations  
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((H08000202269 3)))



H080002022693ABC

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*Amend*

FROM : LAZARUS  
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Florida Dept of State



August 27, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

XT MEDICAL SUPPLIES CORP  
355 NW 74TH STREET STE-E  
MIAMI, FL 33166

SUBJECT: XT MEDICAL SUPPLIES CORP  
EF: P06000119893

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

The current name of the entity is as referenced above. Please correct our document accordingly.

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) 245-6892.

Lina Roberts  
Regulatory Specialist II

FAX Aud. #: E08000202269  
Letter Number: 508A00047628

RECEIVED  
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FROM : LAZARUS

FAX NO. : 3052201440

H08000202269

Aug. 27 2008 10:30AM P3

08 AUG 27 PM 1:45

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

XT Medical Supplies Corp

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

P08000119893

(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):**

(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)**

Article V- Officers & Directors

Orlando Alvarez- President, Secretary, Treasurer & Director

8355 N.W. 74th Street, Suite E, Medley, FL 33166

Article VI- Registered Agent

Orlando Alvarez- 8355 N.W. 74th Street, Suite E, Medley, FL 33166

(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)

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The date of each amendment(s) adoption: 8/26/08

Effective date if applicable: \_\_\_\_\_  
(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)

Orlando Alvarez

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35

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FROM : LAZARUS

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**Certificate of Designation  
Registered Agent/ Registered Office**

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



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Registered Agent Signature

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