

P06000130035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

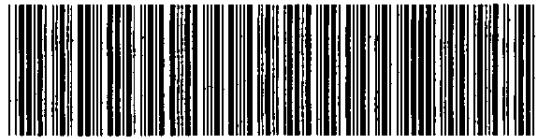
(Business Entity Name)

(Document Number)

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12/14/09--01005--001 \*\*35.00

*Amend.*

FILED  
09 DEC 14 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts DEC 16 2009

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FAYA'S MEDICAL EQUIPMENT INC.

DOCUMENT NUMBER: P06000130035

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

Please return all correspondence concerning this matter to the following:

ENRIQUE FAYA

Name of Contact Person

FAYA'S MEDICAL EQUIPMENT INC.

Firm/ Company

2937 WEST 12 AVE,

Address

HIALEAH FL 33012

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENRIQUE FAYA

Name of Contact Person

at ( 305 )

823-7387

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



**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>  |
|--------------|----------------------|--|--|
| <u>P</u>     | <u>ENRIQUE FAYAS</u> | <u>1665 WEST 68 ST STORE 105</u><br><u>HIALEAH FL. 33014</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>P</u>     | <u>ENRIQUE FAYAS</u> | <u>2937 W. 12 AVE.</u><br><u>HIALEAH FL. 33012</u>           | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                      |  | <input 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)*

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**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)*

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The date of each amendment(s) adoption: 12/08/2009

(date of adoption is required)

Effective date if applicable: 12/08/2009

(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

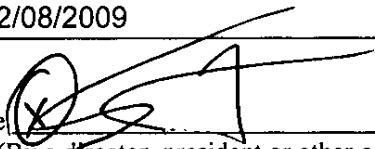
by \_\_\_\_\_."  
(voting group)

☐ 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 12/08/2009

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)

ENRIQUE FAYA

(Typed or printed name of person signing)

AGENT & PRESIDENT

(Title of person signing)