

(Requestor's Name) (Address)	700140563227	
(Address)	700110000227	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	01/15/0901021003 **43.75	
(Document Number)		
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COVER LETTER

TO: Amendment Section **Division of Corporations** P06000148 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Muhno Sanazan
(Name of Contact Person) L.A. KAY MEDICAL CORP (Firm/Company) 1726 NW 36 ST.
(Address) For further information concerning this matter, please call: MUMDIU SAMZAL at (305) 727-7232

(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 **]\$43,7**5 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address **Amendment Section** Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to

Articles of Incorporation

FILED

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

POGODO 148707

(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:

able: ADDRESS)	
**BOX)	
istered office address in Florida, or red office address:	enter the name of th
	
(Florida street address)	<u></u>
(City)	, Florida (Zip Code)
	istered office address in Florida, ored office address: (Florida street address)

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>	Type of Action
<u>VP</u>	ARACENY BEDOVA	1726 NW 36ST. #23 MIAMI, FL 33142	
			
<u>.</u>			
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be specij		
F. <u>Ifan ar</u>	nendment provides for an exchange, rec	lassification, or cancellation of	issued shares,
provisi	ons for implementing the amendment if not applicable, indicate N/A)		
-			

Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following state 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	
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"The number of votes cast for the amendment(s) was/were sufficient for approval by" (voting group)	nent(s)
by" (voting group)	itement
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	holder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
Dated 01 07 109	
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 con appointed fiduciary by that fiduciary)	
(Title of person signing)	