P0700034958

(Re	equestor's Name)	
	_	
(Ac	ldress)	
(Ac	ldress)	
		-
(Cit	ty/State/Zip/Phone	e #)
·		,
PICK-UP	WAIT.	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
,	,	
Certified Copies	Cortificator	of Status
Certified Copies	_ Certificates	s or Status
·		·
Special Instructions to	Filing Officer:	İ
		İ
		ļ

Office Use Only



800265719298

10/27/14--01042--013 **52.50

SICRE FARY OF STATE
SICRE FARY OF CORPORATION
17. OF 127 GM IO: 58

Clewish

COVER LETTER

TO: Amendment Section Division of Corporat	ions	. 4.	ρ_{ℓ}	
NAME OF CORPORAT	non: Alte	rnative	thysical	MEDICIN
DOCUMENT NUMBER	:: <u>Po</u>	<u> 200005</u>	4950.	-
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspon	ndence concerning this ma	tter to the following:		
	JURE		tivez	-
	AHernat	Name of Gon	erson Sical MEDICA	ive. Inc.
	955 Su	Firm/Compan	ve .	
	Mau	Address U FC	33184	
		City/ State and Zip	Code	
	Jurek mg@	hotmail.	nnual report notification)	
	E-man acquess.	to be used for future a		
For further information co	oncerning this matter, pleas	se call:		
Jurek M	PARTINET	at (78	36, 395-55	45
Name of	Contact Person	Are	a Code & Daytime Telephone N	umber
Enclosed is a check for th	e following amount made	payable to the Fle	Department of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cog (Additional cc enclosed)	& Certificate of Status s Certified Copy (Additional Copy is enclosed)	
Amend	ment Section n of Corporations ox 6327	A D	reet Address mendment Section ivision of Corporations lifton Building	\

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

If amending the Officer address of each Officer (Attach additional sheets Please note the officer/di	and/or D , if necess	irector b	eing added:		of each officer/d	irector being re	moved and title	, name, and
P = President; V= Vice Executive Officer; CFO	Presiden	t; T= Tred	asurer; S= Secr	etary; D			rman or Clerk; (
held. President, Treasure Changes should be noted	er, Directe I in the fo	or would i llowing m	be PTD. anner. Current	tly John L.:	s listed as the P.	ST and Mike Joi	the first letter o nes is listed as th	e V. There is
a change. Mike Jones led Mike Jones, V as Remove	aves the c e, and Sal	orporatio lly Smith,	n, Sally Smith is SV as an Add.	s named th	/ and S. These sh	ould be noted a	s John Doe, PT i	as a Change,
Example: X Change	<u>PT</u>	John Do	na.					
_	1	1						
X Remove	<u>V</u>	Mike Jo	nes					
X Add	<u>sv</u>	Sally Sr	<u>nith</u>					
Type of Action (Check One)	Title		Name		J	<u>Addres</u> s		
1) X Change	\overline{P}		MART	HA D	ELGADO	7911	NW 73	-AUS
Add		•				HEDlee	1213	<u> 31</u> 66 .
Remove				1	١.			
2) Change	7		Jure	KH	pt/Net	95,5	SW/2	2AUE 33184
_X Add		,		1		- Yrai	ui Fl	33184
Remove				•*		1		
3) Change	<u> </u>	•	-					
Add		•						
Remove								
4) Change		_	· · · · · · · · · · · · · · · · · · ·					
Add		ì						
Remove		•						
5) Change		_ :						
Add								
Remove								
n Change		, -						
Add				-				

Remove

If amending or a	dding additional Ar	ticles, enter chan	ge(s) here:		
(Attach <i>additional</i>	sheets, if necessary).	(Be specific)			
	:				
•					-
				 .	
•	,				
		· · ·			
·	·			_	
,					
· .					
•	•				
	1				
					 ·
·	:				
•					
45					•
	•				•••
· · · · · · · · · · · · · · · · · · ·					
	•				
If an amendment	provides for an exc	hange, reclassific	ation, or cance	llation of issue	d shares,
provisions for it	mplementing the am-	endment if not co	ntained in the	<u>amendment its</u>	<u>elf:</u>
(if not applie	cable, indicate N/A)				
•					
	•				
· · · · · · · · · · · · · · · · · · ·				. 404	
	· · · · · · · · · · · · · · · · · · ·				
	-				
•					

FILED SECRETARY OF STATE INVISION OF CORPORATIONS

The date of each amendment(s)	adoption: 8/01/2014	DIVISION OF C	DRPORATIONS	, if other than the
date this document was signed.		14 OCT 27		
Effective date <u>if applicable</u> : 8/	01/2014	14 001 61	ATT 10	
	(no more than 90 c	lays after amendment file	date)	
	•			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of the form of the sufficient for approval.	umber of votes cast for th	e amendment(s)	
	oproved by the shareholders through each voting group entitled to vot			
"The number of votes can	st for the amendment(s) was/were s	sufficient for approval		
by	(voling group)	.17		
	(voting group)			•
The amendment(s) was/were a action was not required.	dopted by the board of directors wi	ithout shareholder action	and shareholder	
The amendment(s) was/were acaction was not required.	lopted by the incorporators withou	t shareholder action and s	shareholder	
Dated8	101/2014	_		
Signature	10000			
(Ву а	director, president on other office	r – if directors or officer	s have not been	
	ted, by an incorporator if in the	hands of a receiver, trust	ee, or other court	
appo	inted fiduciary bythat fiduciary)	,		
	MARTHA	DELGADO	•	
•	(Typed or printed na	ame of person signing)		
	old Presi	pent		
•	(Title of person s	igning)		