

P070000047707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

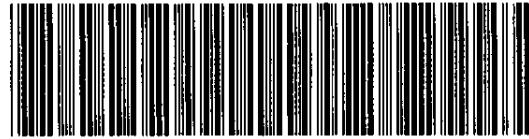
(Business Entity Name)

(Document Number)

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*Amend*

08/20/12--01034--010 \*\*35.00

FILED  
2012 AUG 20 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Doc*  
*8/22/12*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Ana Medical Supply Corp

DOCUMENT NUMBER: P07000047707

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

Please return all correspondence concerning this matter to the following:

Mariela Montesino

Name of Contact Person

Ana Medical Supply Corp

Firm/ Company

15420 SW 136th Street , Suite 19

Address

Miami, FL 33196

City/ State and Zip Code

marielafernandezroig@gmail.com

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

For further information concerning this matter, please call:

Mariela Montesino

Name of Contact Person

at ( 786 ) 319-2760

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Ana Medical Supply, Corp.

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

2012 AUG 20 PM 4:30

P07000047707

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation: N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable: N/A  
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable: N/A  
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent: N/A

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

(Attach additional sheets, if necessary)

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

**Example:**

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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**Address**

Miami, Fl 33196

Miami FI 3396

\_\_\_\_\_

Circumstance	Percentage (%)
If someone is attacking you	~85
If someone is threatening you	~75
If someone is harassing you	~65
If someone is insulting you	~55
If someone is annoying you	~45

\_\_\_\_\_

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

The date of each amendment(s) adoption: 08/01/2011

Effective date if applicable: \_\_\_\_\_  
(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 7/7/12

Signature Mariela Montesino

(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)

Mariela Montesino

(Typed or printed name of person signing)

President

(Title of person signing)