## PONDOOGIZZZO

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECTION OF STAIR

Amend (10 8.14.13

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Ivetmedic C	Corporation
DOCUMENT NUMBER: P07000092226	
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Jose E. Porto	
Jose E. Polito	Name of Contact Person
Ivetmedic Corporation	
	Firm/ Company
2751 Sw 8 Street	
2101 OW 0 04 001	Address
Miami, FL 33135	
	City/ State and Zip Code
atssvcs@bellsouth.net	
	address: (to be used for future annual report notification)
For further information concerning this matter	er, please call:
Jose E. Porto	at 786-444-3086
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt made payable to the Florida Department of State:
X \$35 Filing Fee \$43.75 Filing Certificate of	
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

Ivetmedic Corporation	
(Name of Corporation as currently filed wi	th the Florida Dept, of State)
P07000092226	
(Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>f</i> amendment(s) to its Articles of Incorporation:	Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corpora	tion," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or contain the word "chartered," "professional association," or the abbrev	or "Co". A professional corporation name must
B. Enter new principal office address, if applicable:	2751 SW 8 Street
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Miami, Fl 33135
C. Enter new malling address, if applicable:	2751 SW 8 Street
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	Miami, Fl 33135
	<u> </u>
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent:	•
Manie of New Negloletta Agent.	
(Flori	da street address)
Į, iosis	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
New Registered Office Address:	, Florida City) (Zip Code)
,,	(2,6 2000)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Pegisters	ad 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)

Please note the officer/director title by the first letter of the office title:

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 <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			<del></del>
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary)	(Be specific)		
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1000-00-00-00-0			
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			1-30
If an amendment provides for an excl	hange, reclassificati	ion, or cancellation of	f issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not cont	ained in the amendm	ent itself:
(y not apprease, nation (vit)			

lv	vetmedic Corporation	ATX1
The	date of each amendment(s) adoption:	
Effe	ctive date <u>if applicable</u> : 08 06 (3	
	(nò morè than 90 days after amendment file date)	
Ado	ption of Amendment(s) ( <u>CHECK ONE</u> )	
X	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"	
	by"  (voting group)	
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
X	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
	Dated 08 06 13	
	Signature  One I. Proto  (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)	

Jose E. Porto

<u>President</u>

(Typed or printed name of person signing)

(Title of person signing)