P07000092226

(Re	questor's Name)	
(Ad	dress)	•
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COVER LETTER

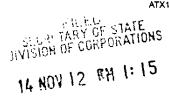
TO: Amendment Section

Division of Corporations

NAME OF CORPO	PRATION: IVETMEDIC CORPORAT	TION	
DOCUMENT NUM	BER: P07000092226		
The enclosed Artic	cles of Amendment and fee are subm	itted for filing.	
Please return all co	orrespondence concerning this matter t	o the following:	
	Bertha C. Ortega		
	1	Name of Contact Person	
	IVETMEDIC CORPORATION		
		Firm/ Company	
	2751 SW 8 Street		
		Address	
	MIAMI, FL 33135		
		City/ State and Zip Code	
	bertha@ortega-solutions.com		
	E-mail address: (to	be used for future annual report not	tification)
For further informa	ation concerning this matter, please cal	:	
Bertha C. Ortega		at <u>305-644-8838</u>	
	Name of Contact Person	Area Code & Da	lytime Telephone Number
Enclosed is a che	ck for the following amount made payal	ble to the Florida Department of Sta	ite:
X \$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	Street Ado	
	Amendment Section	Amendmer Division of	nt Section Corporations
	Division of Corporations P.O. Box 6327	Clifton Buil	
	Tallahassee FL 32314		utive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



IVETMEDIC CORPORATION

(Name of Corporation as current	ly filed with the Florida Dept. c	of State)
P07000092226	·	
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Profit Corpor</i>	ation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
The new name must be distinguishable and contain the wor abbreviation "Corp.," "Inc.," or Co.," or the designation "Co		
contain the word "chartered," "professional association," or		ar corporation hame must
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>—</u> ——	
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	 -	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		r the name of the
Name of New Registered Agent:		
Name of New Neulstered Agent.		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		gations of the position.
Thereby accept the appointment as registered agent. Fair	Tallimal Will and Goods and Oblig	ganaria ar tria padition.

Signature of New Registered Agent, if changing

IVETMEDIC CORPORATION

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 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:	3 ,	•		,	
	Change	ᄄ	John Doe		
<u>X</u>	Remove	¥	Mike Jones		
<u> x</u>	Add	SY	Sally Smith		
Type of A (Check O		Title	Name		Address
1)	Change	P	Porto Jose E		14000 SW 39 Street
	Add				Miami, FI 33175
<u>X</u>	Remove			ナり	
2) <u>X</u>	Change	VP	Mendoza L. I	vett	14000 SW 39 Street
	Add				Miami, FI 33175
	Remove		i/		Change to VP to P with 100% Shares
3)	Add				
4)	Remove Change			····	
5)	Remove Change				
	Add				
	Remove				
6)					
	Add				
	Pamova				

formanding as adding addistance to the contract to the contract of the contrac	hamai		
f amending or adding additional Articles, enter change(s)	liara:		
Attach additional sheets, if necessary). (Be specific)			

	<u> </u>		
			··
f an amendment provides for an exchange, reclassificatio	n. or cancellation o	f Issued shares.	
provisions for implementing the amendment if not contain	ned in the amendme	ent itself:	
(if not applicable, indicate N/A)			
	_		

IVETMEDIC CORPORATION The date of each amendment(s) adoption: 14 HOV 12 PH T: other than the date this document was signed. Effective date if applicable: 11/5/2014 (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 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 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)

Jose E Porto

President

(Typed or printed name of person signing)

(Title of person signing)