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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: SURGICAL SPECIALTY SCLUTIONS, INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BASTIAMN (ENNINK
Name of Contact Person SURBICAL SPECIALTY SOUTIONS, INC.
Firm/Company

125 ATLANTIC AVE # 1205

Address DAYTONA BEACH SHORES FLB2118 City/State and Zip Code DNE, N, JOINT, SOLAS @ SMAIL, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) 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

7

to

Articles of Incorporation

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

(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:

	NA			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	e designation "Co	orp," "Inc," or "C	o". A professionai	ited" or the corporation
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>)		NA		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or	ICE BOX)	N/A	ALLAHASSEE, FLORIDO	TO MAY -4 AM IO: 14
new registered agent and/or the new reg	istered office add	iress:		
Name of New Registered Agent.	NA		у' .	n y
New Registered Office Address:	New Registered Office Address: (Florida street address)		·	
			, Florida	
,	(City)		(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered A agent. I am fami	gent: liar with and accep /	t the obligations of	the position.
	N/A Signature of New	Registered Agent, i	f 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)

Title VP	<u>Name</u> N <u>ICHULENCE</u>	BINEN PANINK	Address 3425 \$ ATO 1205 DAYTONA BR	Type of Action AMTIC Add Remove	<u>1</u>
				☐ Add ☐ Remove	
				☐ Add ☐ Remove	_
E. <u>If amen</u>	iding or adding ad	ditional Articles, enter necessary). (Be speci	change(s) here	Pennink, wee Rem	MIN KP
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provis	ions for implement	ing the amendment if	lassification, or canc not contained in the	ellation of issued shares, amendment itself:	-
**	not applicable, indi	•			
B B	ASTIAAN	PENNINK, A	CHANGE F	cporty 4=	100%.
Ni C		150N'S 1% 4	SHAKE WILL	BETANE 0 %.	- -

The date of each amendment(s) ado	ption: 6 MWL 2010
Effective date if applicable:	(date of adoption is required)
	ore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement och 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	group)
(voting	group)
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder
Dated & April	2010
Signature 5th	Hacia Temmes Resident
(By a direc	tor, president or other officer - if directors or officers have not been y an incorporator - if in the hands of a receiver, trustee, or other court
appointed	fiduciary by that fiduciary)
E	BASTIAAN PENNINK
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)