

(R	equestor's Name)	
(A)	ddress)	
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(C	ity/State/Zip/Phone	e #)
		MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
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DEC 03 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION:Elite Endoscopy S	ervices Corp	
DOCUMENT NUM	PDS060095872		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre.	spondence concerning this ma	tter to the following:	
	Tressa Rebek-Nagy		
		Name of Contact Perso	n
	Elite Endoscopy Services		
		Firm/ Company	
	3720 Coconut Creek Pkwy, 5	Suite D	
		Address	
	Coconut Creek, FI 33066		
		City/ State and Zip Cod	e
info@	reeservicescorp.com		
	E-mail address: (to be us	sed for future annual report	notification)
	n concerning this matter, pleas		512 (22)
Tressa Rebek-Nagy		9 <u>5</u> 4 at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	atment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

Elite Endoscopy Services Corp.

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

P08000095872

. . . .

(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:

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

1

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."

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Allassee, FLOR

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:

	(Florida street address)	· · · · · · · · · · · · · · · · · · ·
<u>New Registered Office Address:</u>		, Florida
	(Cipy	(Zip Code

Signature of New Registered 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 PTD.

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

Address

6405 Ocean Dr

Margate, FI 33063

5511 Lakeside Dr.

Margate, FI 33063

Apt 203

Example: X Change <u>PT</u> John Doe <u>v</u> X Remove Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> <u>Name</u> (Check One) P, DTressa Rebek-Nagy 1) X Change _____ Add ____ Remove V, TLiviu Vasiu 2) X Change ____ Add _____ Remove 3.) ____ Change

_____Add _____Remove 4) ____Change ______ ____Add _____Remove 5) ____Change ______ ____Add _____Remove

6) ____ Change

____ Add

_____ Remove

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E. If amending or adding additional Articles, enter change(s) here:

_..._____

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

•	•	:	:

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The date of each amendment(s) adoption:	
Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. 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	other than the
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by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. <i>The following statement</i>	
"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.	
11-08-2018 Dated	
signature Tressa Relik-Magy	
(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)	

Tressa Rebek-Nagy

(Typed or printed name of person signing)

President

(Title of person signing)