

## Division of C Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name: : TRAMILEX LLC

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Phone

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Fax Number

: (305)848-3716

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Add	re	55	
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ZAIR MEDICAL SERVICE INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help. Y SULKER DEC 1 0 2021 . TO: Amendment Section

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13054022854

Division of Corp	porations			
NAME OF CORPO	RATION: ZAIR MEDICAL S	ERVICE INC		
DOCUMENT NUM	P08000096954			
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:		, ,
••	Luis R Aquino			· .
		Name of Contact Person	n	
• • • •	ZAIR MEDICAL SERVICE	INC ·		
•	·	Firm/ Company .		<del>.</del> ··
	6854 W FLAGLER ST			
•		Address		
·.	MIAMI, FL 33144			
		City/ State and Zip Cod	le	<del></del>
•				
. ,				
	E-mail address: (to be us	ed for future annual repor	t notification)	
	· •			
For further informat	ion concerning this matter, plea-	se call:		
Luis Aquino	· · · · · · · · · · · · · · · · · · ·	786		
Nam	e of Contact Person .	` Area C	ode & Daytime Telephone Nu	ımber-
Enclosed is a check	for the following amount made	payable to the Florida De	partment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
A D P	tailing Address mendment Section division of Corporations O. Box 6327 allahassee, FL 32314	Amer Divis The 6 2415	t Address indment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, Ft. 32303	10
	·			

To: +18506176380

## 2021-12-09 18:46:33 GMT H 2 \ 0004444 0 C 2

From: Erik Gonzalez

Articles of Amendment · to Articles of Incorporation . of

	f Corporation as currentl	y filed with th	<u>ie Florida Dep</u>	t. of State)	
08000096954	,				
	(Document Number o	f Corporation (	(if known)		
• •	•	•			
ursuant to the provisions of section 607.	1006, Florida Statutes, this	Florida Profit	Corporation a	dopts the following a	menar
s Articles of Incorporation:					•
. If amending name, enter the new na	me of the corporation:			•	25
//A	•			77	$\sum_{n\in \mathbb{Z}_n}$
ame must be distinguishable and contain	the word "cornoration." "	company," or	"incorporated"	or the abbreviation	Corp.
Inc.," or Co.," or the designation "C	Torp," "Inc," or "Co". 🕡	1 professional	corporation r	rame must c <u>õnt</u> uļh ti	he No
chartered," "professional association."	or the abbreviation "P.A."	,		57 <u>1</u> 3	ف
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). If amending the registered agent an new registered agent and/or the new	w registered office address	ress in Florid s:	a, enter the na	ime of the	٠.
new registered agent and/or the nev	nd/or registered office add w registered office address Luis R Aquino	ress in Florid	a, enter the na	ime of the	·.
). If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	w registered office address	ress in Florid	a, enter the na	me of the	٠,
new registered agent and/or the nev	Luis R Aquino  6854 W FLAGLER ST	S:	a, enter the na	me of the	•.
new registered agent and/or the nev	Luis R Aquino  6854 W FLAGLER ST  (Florida st	ress in Florid S: rvet oddressi	a, enter the na	33144	
new registered agent and/or the nev	Luis R Aquino  6854 W FLAGLER ST  (Florida st	s: rvct oddress)	a, enter the na		
Name of New Registered Agent	Luis R Aquino  6854 W FLAGLER ST  (Florida st	S:	a, enter the na	33144	
Name of New Registered Agent	Luis R Aquino  6854 W FLAGLER ST  (Florida st	s: rvct oddress)	a, enter the na		ie)
new registered agent and/or the new Name of New Registered Agent  New Registered Office Address:	w registered office address Luis R Aquino  6854 W FLAGLER ST  (Florida st. MIAMI	s:  rect oddress)  (City)	a, enter the na		ie)
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	Luis R Aquino  6854 W FLAGLER ST  (Florida st. MIAMI	rvet oddress) (City)		, Florida 33144 (Zip Coc	le)
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	Luis R Aquino  6854 W FLAGLER ST  (Florida st. MIAMI	rvet oddress) (City)		, Florida 33144 (Zip Coc	te)
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	Luis R Aquino  6854 W FLAGLER ST  (Florida st. MIAMI	rvet oddress) (City)		, Florida 33144 (Zip Coc	ie)
Name of New Registered Agent	Luis R Aquino  6854 W FLAGLER ST  (Florida st. MIAMI	rvet oddress) (City)		, Florida 33144 (Zip Coc	ie)
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Remove

To: +18506176380

2021-12-09 18:46:33 GMT 14 C[ 000 4444 U 13054022854

Executive Officer; CF President, Treasurer, Changes should be no a change, Mike Jones	() = Chief F Director wo ted in the fo leaves the c	nancial Officer. If an officer uld be PTD. Howing manner - Currently I	director holds more th John Doe is listed as the	Trustee: C = Chairman or Clerk: CEO an one title, list the first letter of each offi e PST and Mike Jones is listed us the V. e should be noted as John Doe, PT us a common of the content of the PT us a cont	ce nesa There i
			•		<u>.</u>
X Remove	<u>v</u> <u>sv</u>	Mike Jones Sally Smith			
Type of Action	Title	<u>Name</u>		<u>Addres</u> s	
(Check One)	. P	Jessica Silva	•	6854 W FLAGLER ST	
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. Add	· ·				•
Kemove	· .	Luis R Aquino		6854 W FLAGLER ST	
2) Change `X	· <del> </del>			MIAMI, FL 33144	'.
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54 From: Erik Gonzalez

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The date of each amendment(s) adoption: date this document was signed. 12/09/2021 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 listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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 (voting group) 12/09/2021 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) Luis R Aquino (Typed or printed name of person signing) (Title of person signing)