# P08000105971

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: US MED Financial Advisors, In							
DOCUMENT NUMBER: P08000105971							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Zachany Schiffman (Name of Contact Person)							
USMED Financial Advisors, Inc. (Firm/ Company)							
8260 NW 27 5+ #401 (Address)							
Micmi FC 33122  (City/State and Zip Code)							
For further information concerning this matter, please call:							
Zachery Schiffnen at (305) 5928353 x 202 (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{Status Filing Fee & Certificate of Status (Additional copy is enclosed)} \text{S52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)}							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building							

2661 Executive Center Circle

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation

(Name of Corporation as curr	rently filed with the		
•	00 10		
(Document Nu	mber of Corporation	on (if known)	
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco		es, this <i>Florida Prof</i>	it Corporation adopts the
A. If amending name, enter the new name	of the corporation	<u>ı:</u>	
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation namassociation," or the abbreviation "P.A."  B. Enter new principal office address, if ap (Principal office address MUST BE A STRE.  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	" "Inc.," or Co., me must contain  pplicable: ET ADDRESS)	" or the designation	"Corp," "Inc," or
D. If amending the registered agent and/or new registered agent and/or the new registered agent?  Name of New Registered Agent:	gistered office add	ress:	enter the name of the
New Registered Office Address:	(Flori	da street address)	
		(Cin.)	, Florida (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as register position.	ed agent. I am j	familiar with and ac	cept the obligations of the
	Signature of New	Registered Agent, if c	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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<del></del>			Add Remove
			☐ Add ☐ Remove
			Add Remove
(attach a	Article TL  Articl	specific)	
T	he number of Shar	res the corpo	ration 15
· a	otherized to iss	Je 15:	
· · · · · · · · · · · · · · · · · · ·		10.000	
	-		
provis	mendment provides for an exchang ions for implementing the amendment applicable, indicate N/A)		
_			<u></u>

The date of each amendment(s	) adoption:	1 1	09	
Effective date if applicable:			v	
(	(no more than 90 days	after an	nendment	file date)
Adoption of Amendment(s)	(CHECK C	<u>ONE</u> )		
The amendment(s) was/were by the shareholders was/were			The num	ber of votes cast for the amendment(s)
				voting groups. The following statement eparately on the amendment(s):
"The number of votes ca	ist for the amendment(	s) was/v	vere suffi	cient for approval
by	voting group)			·,
<i>(</i>	voting group)			•
The amendment(s) was/were action was not required.	adopted by the board	of direc	tors with	out shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorp	orators	without s	hareholder action and shareholder
Dated	2/109		<del></del>	
selec		- if in 1	the hands	directors or officers have not been of a receiver, trustee, or other court
	Zacheny (Typed or	S printed	name of	Ffncy person signing)
	Dire		1	
	(Titl	e of per	eon signi	na) ·