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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MEDIC	CAL WORLD INC
DOCUMENT NUMBER: P09000	004078
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
· .	LUIS JACOBO
(1	Name of Contact Person)
	JACOBO & ASSOCIATES INC.
	(Firm/ Company)
· · · · · · · · · · · · · · · · · · ·	6230 WEST 21 CT
\$ g = 7	(Address)
, ,	IIALEAH , FLORIDA 33016
	City/ State and Zip Code)
For further information concerning this m	natter, please call:
LUIS JACOBO	at (305) 556-0044
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MEDICAL W	ORLD INC.	1
(Name of Corporation as currently fil	ed with the Florida Dept. of St	<u>ate</u>)
P090000	04078	
(Document Number of	Corporation (if known)	. –
Pursuant to the provisions of section 607.1006, Florifollowing amendment(s) to its Articles of Incorporation		t Corporation adopts the
A. If amending name, enter the new name of the co	rporation:	
The new name must be distinguishable and con "incorporated" or the abbreviation "Corp.," "Inc.,' "Co". A professional corporation name must association," or the abbreviation "P.A."	or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. D. If amending the registered agent and/or register new registered agent and/or the new registered of New Registered Agent:	ed office address in Florida, en	AH 00 37
	(7)	<u> </u>
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent position.		ept the obligations of the
	•	•
Signatur	re of New Registered Agent if ch	anaina

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
<u>P</u>	DACIL DE LA CARIDAD PEREZ	5050 NW 74 AVE STE H	Add Remove
		MIAMI, FL 33166	
<u>P</u>	LOURDES VALERA	5050.NW 74 AVE STE.H	
		MIAMI, FL 33166	
<u>VP</u>	DACIL DE LA CARIDAD PEREZ	5050 NW 74 AVE STE H	Add Remove
		MIAMI, FL 33166	
·			
		···	
provis	amendment provides for an exchange, resions for implementing the amendment is not applicable, indicate N/A)		
			

Th	e date of each amendment(s) adoption: <u>JULY 21ST 2010</u>
Eff	fective date if applicable: JULY 21ST 2010
	(no more than 90 days after amendment file date)
Ad	option 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
	by"
	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.
	Dated_JULY 22, 2010
	Signature David Penez
٠.	(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)
	DACIL DE LA CARIDAD PEREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)