P09000085589

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Strongmed				
DOCUMENT NUMB	ER: P0900008558	39			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	condence concerning this ma	tter to the following:			
	Alberto J. Ibarra				
-		Name of Contact Person	1		
	Alberto J. Ibarra I	PA			
-	· · ·	Firm/ Company			
	3750 NW 87th Av	ve. Suite 520			
-	Address				
	Doral, FL 33178				
_		City/ State and Zip Cod	e		
aiba	arra@ajicpa.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Alberto J. Iba	rra	at (305	477-9336		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amei Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently file	ed with the Florida Dept. of State)		
P09000085589	The state of the s		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida staticles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	ng ame	endment(s
A. If amending name, enter the new name of the cor	poration:		
		The	new
"Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the "Inc," or "Co". A professional corporation name must bbreviation "P.A."		
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	_	
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	_	
	<u></u>	41	
		85	-77
		— ~	TIL
 If amending the registered agent and/or registere new registered agent and/or the new registered of 		ယ်	<u>-1</u>
		==	IJ
Name of New Registered Agent		- -	
	(Florida street address)	1	
	[1 10) tad 30 eet taan essy		
New Registered Office Address:	, Florida	_	
	(Cont.)		
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.		

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 V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John De	<u>oe</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Si	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	PST	_	CROES, ENRIQUE		717 PONCE DE LEON
Add					Suite 320
Remove					Coral Gables, FL 33134
2) Change	P		Rojas, Arturo		717 Ponce De Leon
Add					Suite 320
Remove					Coral Gables, FL 33134
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove				•	
6) Change					
		_			
Add					
Remove					

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
t I - A MANUAL ACTIVITY (Pro-	
F. If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the angle of the shares is a same of the shares of the share
(if not applicable, indicate N/A)	
N/A	
•	

The date of each amendment(s) a	doption:	_, if other than the
date this document was signed.		
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes case	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder	
action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated 10/24/2	014	
Signature	Lety Lan	_
By a	director, president or other officer – if directors or officers have not been ed, by an incorporator – is in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	Arturo Rojas	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	