P10000002876

. (Re	equestor's Name)	 "
(Ad	ldress)	<u>,</u>
(Ac	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
· (Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations			
NAME OF CORPORATION: RADOCUMENT NUMBER: P100		INC.	
DOCUMENT NUMBER: 1 100			
The enclosed Articles of Amendment	and fee are submitted for	filing.	
Please return all correspondence conc	erning this matter to the fo	ollowing:	
DAVID	DIAZ		
RAD M	EDICAL, INC.	f Contact Person	
P.O. BC	X 772588	n/ Company	
MIAMI,	FL. 33177	Address	
	City/ Sta	ate and Zip Code	
DAVIDON			
	YRADMEDIC		
E-mail add	dress: (to be used for futur	e annual report no	ouncation)
For further information concerning thi	is matter, please call:		
ALEXA ALEXANDE	R	at (866	993-7757 EXT. 921
Name of Contact Perso		Area Code	& Daytime Telephone Number
Enclosed is a check for the following	amount made payable to t	he Florida Depart	ment of State:
	ate of Status Certific	ed Copy onal copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street A	
Amendment Section			ent Section
Division of Corpora P.O. Box 6327	ations	Division Clifton B	of Corporations
Tallahassee, FL 323	314		ecutive Center Circle
ranamasse, I D 322	•		see FL 32301

Articles of Amendment to Articles of Incorporation of

RAD MEDICAL, INC.	
(Name of Corporation as currently file	ed with the Florida Dept. of State)
P1000002876	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation of the contains the	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	15448 SW 139 ST 🕺 🍰 🚬
(Principal office address MUST BE A STREET ADD	MIAMI, FL. 33196
	NO THE DESCRIPTION OF THE PROPERTY OF THE PROP
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	v) = 3 B
	37.6
	
D. If amending the registered agent and/or register	
new registered agent and/or the new registered of	A ALEXANDER
Name of New Registerea Agent	
<u>15448</u>	SW 139 ST.
BALA BAL	(Florida street address)
New Registered Office Address:	(City), Florida 33196
	(Cuy) (Exp Code)
New Registered Agent's Signature, if changing Regi	istered Agent:
i nereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Signature of Ala	WILLOUF w Registered Agent, if changing
Signature of Ne	n regimered rigem, y endinging

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.

Example: X Change	PT John	Doe	·
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>P</u>	MANUEL GARCIA	11891 SW 35 TERR
Add Remove			MIAMI, FL. 33175
2) Change	CEO	DAVID DIAZ	15448 SW 139 ST.
X_Add			MIAMI, FL. 33196
Remove 3) Change	CFO	ALEXA ALEXANDER	15448 SW 139 ST.
X Add Remove		•	MIAMI, FL. 33196
4) Change			
Add			
5) Change			
Remove		·	
6) Change			
Add		•	
Remove			

(, y, y,, y,	(Be specific)
	
<u> </u>	
	,
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	toment it not companied in the amendment resert.
LEXA ALEXANDER 5	51%
AVID DIAZ 49%	
77710 01712 1070	

The date of each amendment(s) a	doption: 9/26/12
Effective date if applicable: 9/	26/12
	(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 so	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):
	t for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated 9/26/	12
selecti	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Alexa Alexander
	(Typed or printed name of person signing)
	<u>CFO</u>
	(Title of person signing)