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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: ROFRI MED COI	RPORATION	
DOCUMENT NUM		···	
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Robert Mitu		
		Name of Contact Person	
	ROFRI MED		
		Firm/ Company	
	13720 Old St. Augustine Ro	ad, Suite 8-245	
		Address	<u> </u>
	Jacksonville, FL 32258		
		City/ State and Zip Code	•
	mituambau@hotmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
Robert Miti		904 at (403-1499
Name	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amenda Division The Ce	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

MED	CORPOR	ATION

	(Document Number o	f Corporation (if known)	
ursuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	adopts the following amendme
. If amending name, enter the new na	ame of the corporation:		
me must be distinguishable and contain Inc.," or Co.," or the designation "Contain association,"	Corp," "Inc," or "Co"	1 professional corporation i	name must contain the word
Enter new principal office address, rincipal office address <u>MUST BE A S</u>	if applicable:	N/A	7629
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	ī.: -:-
(Mailing data ess MAT DE ATOST	orrice box		
new registered agent and/or the new			me of the
If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	v registered office address		me of the
new registered agent and/or the new	v registered office address N/A (Florida str		me of the
new registered agent and/or the new	v registered office address N/A (Florida str. N/A	<u>:</u> eet address)	. Florida
new registered agent and/or the new Name of New Registered Agent	v registered office address N/A (Florida str. N/A	<u>:</u>	
new registered agent and/or the new Name of New Registered Agent	v registered office address N/A (Florida str. N/A nanging Registered Agent	: eet address) (City)	_, Florida(Zip Code)
new registered agent and/or the new Name of New Registered Agent New Registered Office Address: www. Registered Agent's Signature, if ch	N/A (Florida str. N/A N/A Manging Registered Agent: ered agent. I am familiar v	: eet address) (City)	_, Florida(Zip Code)

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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> </u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			<u> </u>
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. <u>If amending or adding additional Article</u> (Attach additional sheets, if necessary).	(Be specific)			
N/A				
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. If an amendment provides for an exch	ange, reclassificat	ion, or cancellation	of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con-	tained in the amend	dment itself:	
N/A	· 	<u></u>		
	<u> </u>	<u>.</u> .		<u> </u>
<u> </u>			<u> </u>	
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N/A
The date of each amendment(s) adoption:, if other than the
date this document was signed.
N/A 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.
Adoption of Amendment(s) (CHECK ONE)
■ 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
by
by
Signature (By a director, president or other officer – if directors or officers have not been collected by an incorporator if it the hard-officer shape not been
sclected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President and principal Consultant (Title of person signing)