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FILEU SECRETARY OF STATE DIVISION OF CORPORATION

JAN - 7 2016

C LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ACMED Solutions, Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Luis LLerena Name of Contact Person ACMED Solutions, Inc. Firm/ Company PO Box 523306 Address Miami, FL 33152-3306 City/ State and Zip Code luis.llerena@acmedsolutions.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Luis LLerena Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **■** \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) 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

ACMED Solutions, Inc		SECRETAI DIVISION OF	RY OF STAT
(Name of Corporation as currently filed with the	Florida Dept. of State)		
P10000019465		15 DEC 30) PA I: (
(Document Number of Corporation	ı (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	is Florida Profit Corporation	adopts the following	amendmen
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	· "Co". A professional corpo	porated" or the ab ration name must c	breviation ontain the
B. Enter new principal office address, if applicable:	8700 West Fla	gler Street	
Principal office address MUST BE A STREET ADDRESS)	Suite 420		
•	Miami, FL 33174		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 523306		
	Miami, FL 33152-3306		
. If amending the registered agent and/or registered office ad	dress in Florida, enter the na	ime of the	
new registered agent and/or the new registered office addre	SSS:		
Name of New Registered Agent		_	
(Florida	street address)	_	
•		33174	
New Registered Office Address: 8700 West Flagler	Subblic Suite 420		
New Registered Office Address: 8700 West Flagler		(Zip Code)	

Signature of New Registered Agent, if 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)

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 Kemove	e, ana Sai	ny smiin, sv as an Aud.	
Example: X. Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	SY	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Fernando N LLerena	8700 West Flagler Street
Add			Suite 420
Remove			Miami, FL 33174
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		·	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
This is an update to:
Article III: Capital Stock
The maximum number of shares of stock that this corporation is authorized to have
outstanding at any one time is1,000 shares of common stock having \$1par value pe
share.
The percentage of ownership will be as follows:
Luis LLerena 50%
Fernando LLerena 50%
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: 6/1/2015	_, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
Adoption 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	OWING SEA
by	1995 1995 1995
(voting group)	1
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	SECRETARY OF STATEONS SECRETARY CORPORATIONS
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	1:31
Dated 12/23/2015	
$\mathcal{H}_{\mathcal{O}}$	
Signature July	<u> </u>
(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)	
Luis LLerena	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	