## P10000038285

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	<del>: #)</del>
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



100219223301

02/03/12--01006--013 \*\*43.75

Amend

12 FEB -3 AN 10: 43
SECNETARY OF STATE
SECNETARY OF STATE

FEB 0.6 2012 T. ROBERTS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	TION: MEDICAL (	OUTFITTERS IN	IC
DOCUMENT NUMBER	D1000002020		
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.	
Please return all correspor	idence concerning this ma	tter to the following:	
V	VIANA MACHL		
<del></del>	··	Name of Contact Person	ı
M	<b>EDICAL OUTFI</b>	ITTERS INC	
<del></del>		Firm/ Company	
10	302 NW SOUT	H RIVER DR BA	AY 9
		Address	
M	EDLEY FL 331	78	
		City/ State and Zip Code	
ISAB	EL@MEDICAL	OUTFITTER.NE	Т
	_	sed for future annual report	
For further information co	ncerning this matter, pleas	se call:	
ISABEL FLORI	Т	<sub>at (</sub> 305	, 885-4045
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	□\$52.50 Filing Fee Certificate of Status Certified Copy opy is enclosed)
Amenda	z Address ment Section	Amend	Address ment Section on of Corporations
Division of Corporations P.O. Box 6327  Division of Corporation Clifton Building		Building	
Tallaha	ssee, FL 32314		xecutive Center Circle assee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

,	and applicately to have
FI	ED
- ' 58 - 2	
12 FEB - 3	AH 10: 44
SECRETARY LLAHASSEL	FLORIDA

## MEDICAL OUTFITTERS INC.

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

P10000038285

(Document Number of Corporation (if known)

nt(s) to

A. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the w"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co".	A professional corpor	orated" or the abbreviation ation name must contain the
B. Enter new principal office address, if applica	ıble:		<u> </u>
(Principal office address MUST BE A STREET A	DDRESS )		
		<u>·                                     </u>	
	_		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )		
	<del></del>		
	<del></del>		
D. If amending the registered agent and/or regis		n Florida, enter the nai	me of the
new registered agent and/or the new register	<u>red office address:</u>		
Name of New Registered Agent			_
	(Florida street ad	ldress)	-
New Registered Office Address:		, Florida	I
	(Ciţv)	,	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		and accept the obligation	se of the nosition
Thereby accept the appointment as registered agen	n. 1 am jammar wun e	ina accept the ootigation	is of the position.
	f Non Poristand Agam		-
Viosatura o:	t Now Romstorod Arom	i ii chanaina	

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	<u>PT</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 Add X Remove	<u>PS</u>	MIGUEL MACHUCA	1000 Quayside Terr Apt 1602 MIAMI, FL 33138
2) Change X Add Remove	<u>P</u>	VIVIANA MACHUCA	1000 Quayside Terr Apt 1602 MIAMI, FL 33138
3 ) Change Add Remove	<u></u>		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	S SHARES ARE BEING TRANSFER
ND ASSIGNED TO NEV	V PRESIDENT AS OF 01/25/2012.

The date of each amendment(s) a	idoption: 01/25/2012
Effective date <u>if applicable</u> :	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
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):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.  The amendment(s) was/were add	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	
Dated 01/25/	'2012
Dated	
Signatura	/mam afactures
Signature (By A	firector, 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
appoin	sted fiduciary by that fiduciary)
	VIVIANA MACHUCA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of nercon signing)