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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Medical Outfitters.	Inc.
DOCUMENT NUMBER: P10000038285	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Susan Traino	
Medical Outfitters, Inc.	Name of Contact Person
8062 NW 66th street	Firm/ Company
Mimi, Fl 33166	Address
	City/ State and Zip Code
Susan @medicaloutfitter.net	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Susan Traino	at (305 885-4045
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## FILED

## Articles of Amendment to Articles of Incorporation of

17 SEP -6 AM 10: 48

SECRITARY OF PARTY FALLAHASSEE FINERDA

Medical Outfitters, Inc.		II BELAHASEE FIREDA	
( <u>Name o</u>	f Corporation as current	lly filed with the Florida Dept. of State)	
P10000038285			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
N/A		The new	
name must be distinguishable and conti "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ution "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, i	f applicable:		
(Principal office address <u>MUST BE A ST</u>		N/A	
C. Enter new mailing address, if applic	cable:	ALL A	
(Mailing address MAY BE A POST O		N/A	
	]]  :		
D. If amending the registered agent and	 <del>1/or registered office add</del>	lress in Florida, enter the name of the	
new registered agent and/or the new	registered office addres	<u>s:</u>	
Name of New Registered Agent	N/A		
	(Florida st	(reet address)	
New Registered Office Address:	! <u>.</u>	(City) , Florida (Zip Code)	
	ľ	(Eip Code)	
New Registered Agent's Signature, if ch	  anging Registered Agen	<b>t</b> :	
I hereby accept the appointment as registe	red agent. I am familiar	with and accept the obligations of the position.	
	Ch. CN	Provide the state of the state	
	Signature of New I	Registered Agent, if changing	

address of each Officer (Attach additional sheets Please note the officer/di	and/or D , if necess rector titl	irector being actions ary) le by the first letter	ded: er of the office title:	er/director being removed and title, name, and
Executive Officer: CFO held. President, Treasure Changes should be noted	= Chief I er, Directe I in the fo	Financial Officer or would be PTD llowing manner	. If an officer/director holds more Currently John Doe is listed as th	Trustee: C = Chairman or Clerk: CEO = Chief than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is see should be noted as John Doe, PT as a Change,
Mike Jones, V as Remove				e should be noted as some bbe, I I as a change,
Example:				
X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
$\underline{X}$ Add	<u>SV</u>	Şally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	I	<u>Addres</u> s
1) Change	D	Susan	Traino	8062 NW 66th Street
X Add				Miami, Fl 33166
Remove				
2) Change	D	Mig	uel Machuca	8062 NW 66th Street
XAdd				Miami, Fl 33166
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add			[ ] 	
Remove				
6) Change			<u> </u>	
Add			_	

\_\_ Remove

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	<u>cles_enter_change(s) nere</u> :   (Be specific)
N/A	
	<u>                                 </u>
	<u> </u>
<del> </del>	
	lt.
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	<u> </u>
	Ü.

'	
8/1/1	
The date of each amendment(s) adoption:date this document was signed.	if other than the
8/1/17	
Effective date if applicable:	(no more than 90 days after amendment file date)
	, , , , , , , , , , , , , , , , , , ,
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CHE	CK ONE)
■ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	areholders. The number of votes cast for the amendment(s)
	hareholders through voting groups. The following statement
"The number of votes cast for the amende	 ment(s) was/were sufficient for approval 
by	
(votin	group)
☐ The amendment(s) was/were adopted by the boaction was not required.	 pard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the in- action was not required.	corporators without shareholder action and shareholder
8/15/17 Dated	
Signature	of alm
	ent or other officer – if directors or officers have not been sorator – if in the hands of a receiver, trustee, or other court y that fiduciary)
Viviana Mach	nuca
(T)	yped or printed name of person signing)
President	
	(Title of person signing)