P1 6000042033

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
	_	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		•
Special Instructions to	Ciling Officer:	
Special instructions to	riling Officer.	

Office Use Only



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12/17/12 RW Amd/NC





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2012

ALFONSO E. OVIEDO-REYES AOLAS CORPORATION 8370 W. FLAGLER ST.,SUITE 110K MIAMI, FL 33144 US

SUBJECT: AOLAS CORPORATION

Ref. Number: P10000042033

We have received your document for AOLAS CORPORATION and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2011 annual report. The entity must be reinstated before this document can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White Regulatory Specialist

Letter Number: 412A00028997

PECEIVED

2 DEC 17 AM 10: 13

JERRATION OF PRAMININA
ALLAMASSE FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

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Letter Number: 412A00028997

Rebekah White Regulatory Specialist

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORROR	ATION: AOLAS C	Corporation		
DOCUMENT NUMBE	D400000426			
	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
A	Alfonso E. Ovi	edo-Reyes		
_		Name of Contact Person	n	
· · · · · · · · · · · · · · · · · · ·	Alfonso E. Ove	eido-Reyes, E	sq.	
		Firm/ Company		
. 8	370 W. Flagle	er St., Suite 1°	10K	
		Address		
N	Miami, Florida	33144		
_		City/ State and Zip Cod	e	
ovio	do12@amoil	oom	•	
OVIE	do13@gmail.	sed for future annual report	notification)	
	E-man address: (to be di	sed for future annual report	notrication)	
For further information of	concerning this matter, pleas	se call:		
Alfonso Ovie	edo-Reyes	at (305	,613-6409	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address dment Section		Address Iment Section	
	on of Corporations		on of Corporations	
P.O. E	30x 6327	Clifton Building		
Tallah	assee, FL 32314		Executive Center Circle	
	,	Tallahassee, FL 32301		

Articles of Amendment Articles of Incorporation

FILED

AOLAS Corporation

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

P10000042033

(Document Number of Corporation (if known)

Mobile Clinics of the Ame	-		The r
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp, " "Inc," or "Co". A profess		
B. Enter new principal office address, if application of the principal office address MUST BE A STREET.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
D. If amending the registered agent and/or reg new registered agent and/or the new register Name of New Registered Agent			e of the
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
			•

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 Do	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	SD		Solorzano, Lylle A	3007 Bird Ave.
Add				Apt. 9
X Remove				Miami, FL 33133
2) Change	SD		Oviedo, Mario P.	8370 W. Flagler St.
X		-		Suite 110K
Remove				Miami, FL 33144
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
				
6) Change				
Add				
Remove				

• •	necessary). (Be spec	change(s) here: ific)		
		<u> </u>		
		·		
		••••		
				·
an amendment provides	ng the amendment if	assification, or cance not contained in the	ellation of issued shares, amendment itself:	
rovisions for implementi	cate N/A)			
provisions for implementi (if not applicable, indic	·			
rovisions for implementi				
rovisions for implementi	·			
rovisions for implementi			•	
rovisions for implementi			•	
rovisions for implementi				
provisions for implementi			•	

The date of each amendment(s) adoption:	/12/2012
Effective date if applicable: 10/12/20	12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	nareholders. The number of votes cast for the amendment(s) proval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	ment(s) was/were sufficient for approval
by	"
(votin	g group)
☐ The amendment(s) was/were adopted by the be action 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
Dated 12/2/2012 Signature	Albriso Oriedo Rajes
	or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court y that fiduciary)
Alfonso	E. Oviedo- Reyes
(T	yped or printed name of person signing)
PD	
	(Title of person signing)