P10000047393

(Re	equestor's Name)	·
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

 Division of Corporations LED MEDICAL INC NAME OF CORPORATION: _____ P10000047393 DOCUMENT NUMBER: _____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LISSET DELGADO Name of Contact Person Firm/Company 1535 SW 122ND AVE UNIT. 3 Address MIAMI, FL 33184 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 470-4174

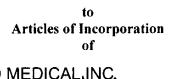
Area Code & Daytime Telephone Number LISSET DELGADO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

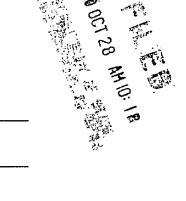
Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment of





LED MEDICAL, INC.

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

P10000047393

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

ame must be distinguishable and contain bereviation "Corp.," "Inc.," or Co.," or the	e designation "Corp," "Inc,	" or "Co". A professional corpo
ame must contain the word "chartered," "pro	ofessional association," or	the abbreviation "P.A."
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable		
(Muning unuress MAT DE ATOST OTT	CL DUA	
If amending the registered agent and/or	registered office address in	Florida, enter the name of the
. If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name of the
		Florida, enter the name of the
new registered agent and/or the new reg		Florida, enter the name of the
new registered agent and/or the new reg		
new registered agent and/or the new registered Agent:	istered office address:	ddress)
Name of New Registered Agent:	istered office address:	
new registered agent and/or the new registered Agent:	(City)	ddress) , Florida_

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) Title **Type of Action** <u>Name</u> <u>Address</u> **EDDY DOMINGUEZ** MIAMI, FL 33184 ☐ Remove ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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	
	(date of adoption is required)
Effective date if applicable:	
• '	(no more than 90 days after amendment file date)
r	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s' ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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	n
<u></u>	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated_10/1	8/2010 Solves
(By	a director, president or other officer – if directors or officers have not been octed, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	LISSET DELGADO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)