

P10000077542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

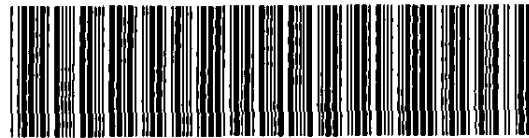
Special Instructions to Filing Officer:

A. LUNT

NOV 29 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 305 MEDICAL CARE, INC.

DOCUMENT NUMBER: P10000077542

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amado Leguillow
Name of Contact Person

305 MEDICAL CARE INC
Firm/ Company

13936 NW 7TH AVE
Address

Miami, FL 33168
City/ State and Zip Code

305 MEDICAL CARE @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Amado Leguillow at (786) 360-3803
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:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

305 MEDICAL CARE, INC

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

P10000077542

(Document Number of Corporation (if known))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

13936 NW 7TH AV
MIAMI FL 33168

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

13936 NW 7TH AV
MIAMI FL 33168

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

_____ (Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	TOO MUCH INC. ANDREW BASILE	13936 NW 7TH AV MIAMI FL 33168	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PRES	AMADO LEGUISTOW	13936 NW 7TH AV MIAMI FL 33168	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

ARTICLE VIII

THE COMPANY REKNOWLEDGES AND ACCEPTS
 THE UNCONDITIONAL AND NONREVOKABLE RESIGNATION
 OF ANDREW BASILE, CANCELS ALL CONTRACTS
 BY AGREEMENT WITH TOO MUCH INC, A FLORIDA
 CORPORATION, AND ACKNOWLEDGES THE TRANSFER
 OF OWNERSHIP IN ITS ENTIRETY OF 305 MEDICAL PARK INC

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)

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 TALLAHASSEE, FLORIDA

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TO:
 AMADO LEGUISTOW

The date of each amendment(s) adoption: 9-22-10
(date of adoption is required)
Effective date if applicable: 9-22-10
(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

by _____"
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9-22-10

Signature _____
(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)

ANDREW BASILE

(Typed or printed name of person signing)

(OUTGOING) PRESIDENT
(Title of person signing)

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TALLAHASSEE, FLORIDA

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