

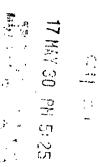
(Re	equestor's Name)			
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(Ci	ty/State/Zip/Phone	e #)		
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(Bu	usiness Entity Nar	ne)		
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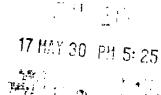
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Alara Medical, I	Inc.				
DOCUMENT NUMBER: P10000084668					
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this r	matter to the following:				
Frank Cambareri					
	Name of Contact Persor	1			
Alternative Exports Inc.					
	Firm/ Company				
2721 Pemberton Drive					
	Address				
Apopka, FL 32703					
	City/ State and Zip Code	e .			
frank@alternativeexports.com					
	used for future annual report	notification)			
13 11111 44410351 (10 110	ased for factors difficult report	Homedon			
For further information concerning this matter, ple	ease call:				
Frank Cambareri	at (407	788-5300			
Name of Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for the following amount mad	le payable to the Florida Depa	ertment of State:			
■ \$35 Filing Fee & Certificate of Status		□\$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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Alara Medical, Inc.

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

P10000084668

P10000084668 (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: A. If amending name, enter the new name of the corporation: Alara Supply Corporation 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) 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. N/A
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)

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>	Namc	<u>Addres</u> s
1) Change		N/A	N/A
Add			
Remove			
2) Change	<u> —</u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Pamoya			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	<u> </u>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
. 1	

The date of each amendment(s) adoption:	N/A	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this date f'State's records.	will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the amendment(s) approval.	
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes east for the ame	endment(s) was/were sufficient for approval	
by		
(vo	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
5/26/2017		
DatedSignatureSmark_	a. Came	
selected, by an inc	sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)	
Frank A. C	Cambareri	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	