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COVER LETTER

Division of Corp		•		•
NAME OF CORPO	NU IMAGE MED	ICAL INC	,	÷
DOCUMENT NUM	P10000087746			
	,			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Shyamie Dixit			
	Dixit Law Firm	Name of Contact	Person	
	3030 N. Rocky Point Drive V	Firm/ Compa Vest, Suite 150	ny	
	Tampa, Florida 33607	Address		
		City/ State and Zi	p Code	
	sdixit@dixitlaw.com			
	E-mail address: (to be us	sed for future annual	report no	otification)
For further information	n concerning this matter, pleas	se call:		
SHYAMIE DIXIT		813 at (252-3999
Name	of Contact Person	Ar	ea Code	& Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida	a Depart	ment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing For Certified Copy (Additional copy enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	7 1 1 2	Division The Cen 2415 N.	Idress ent Section of Corporations tre of Tallahassee Monroe Street, Suite 810 ee, F1, 32303

Articles of Amendment to Articles of Incorporation of

NU IMAGE MEDICAL INC

P10000087746	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	12.12.
	arphi
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	
	<u></u>
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing
Check if applicable	

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT	<u>John Do</u>	e.	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u> Officer	r	Name DIXIT LAW FIRM	Address 1209 N Tampa Street, Tampa, FL 33602
1) Change		_		
Add X Remove	Officer		Alejandra J. Velandia Ciendua	1209 N Tampa Street, Tampa, FL 33602
2) Change Add		_		
Remove 3) Change				
Add				
Remove 4) Change		_		
Add Remove				
5) Change		_		
Add Remove				
6) Change		_		
Add Remove				

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f an amendment p	novidae for an ava	hanga raalaccifiaa	tian or aspeollati	ion of icenad char	oc.
provisions for imp	lementing the ame	endment if not con	tained in the ame	ndment itself:	CS,
(if not applicab	ole, indicate N/A)	-		_	
					-
		<u>-</u>			
					
			···		

The date of each amendment(s) addet this document was signed.	loption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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)
September	22, 2020
Dated	
<	
Signature	rector, president or other officer – if directors or officers have not been
	d. by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	SHYAMIE DIXIT / DIXIT LAW FIRM
	(Typed or printed name of person signing)
	OFFICER
	(Title of person signing)

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