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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates of | f Status |
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| Special Instructions to | Filing Officer: | |
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T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | AATION: NOVAEDIS, P.A | | | |
|---|---|---|---|--|
| OOCUMENT NUME | BER: P11000082951 | | | |
| | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corres | pondence concerning this man | ter to the following: | | |
| | Maria Clara Vega M | | | |
| | | Name of Contact Person | | |
| | NOVAEDIS | | | |
| | | Firm/ Company | | |
| | 17200 N.W. 64th Ave, # 304 | | | |
| | | Address | | |
| | Miami, FL 33015 | | | |
| | | City/ State and Zip Code | | |
| | | | | |
| meve | ga@bellsouth.net | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| | | | | |
| For further information | n concerning this matter, pleas | se call: | | |
| Maria Clara Vega M | | at (305 | 505-6033 | |
| Name | of Contact Person | | de & Daytime Telephone Number | |
| Enclosed is a check to | r the following amount made | navable to the Florida Depa | urtment of State | |
| Ellerosed is a elleron to | Title totto string amount made | paydote to the French pape | milen or outer | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| | ling Address | | Address | |
| Amendment Section | | | Iment Section | |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | | | | |
| | ahassee, FL 32314 | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| NOVAEDIS, P.A. | | | |
|---|---------------------------------------|---|---------------------------|
| (Name o | f Corporation as currently | filed with the Florida Dept. of State | <u> </u> |
| P11000082951 | | | |
| | (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this <i>F</i> | Ilorida Profit Corporation adopts the | following amendment(s) to |
| A. If amending name, enter the new na | me of the corporation: | | |
| MARIA CLARA VEGA M P.A | | | The new |
| name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate | ation "Corp." "Inc," or "C | Co". A professional corporation nan | or the abbreviation |
| • • | | N/A | |
| B. Enter new principal office address, (Principal office address MUST BE A ST | if applicable: TREET ADDRESS) | | |
| | , | | |
| | | | |
| C. Enter new mailing address, if appli | aabta | | |
| (Mailing address MAY BE A POST (| | N/A | |
| | | | |
| | | | |
| | | | <u></u> |
| D. If amending the registered agent an | | | |
| new registered agent and/or the nev | v registered office address: | | |
| Name of New Registered Agent | IN/A | | |
| | | | |
| | (Florida stre | et address) | |
| New Registered Office Address: | N/A | Florida | |
| | (| City) | (Zip Code) |
| | | 5 | idos esta |
| New Registered Agent's Signature, if c | hanging Registered Agent: | ۳ آ | |
| I hereby accept the appointment as regist | | ith and accept the obligations of the g | mailion. |
| | | | ASS. |
| | | | |
| | Signature of New Ri | egistered Agent, if changing | 급 _ [|
| | · | | BR ON |

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 | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | | Address |
| 1) N/A Change | | N/A | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | <u>,</u> | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| E. <u>If amendin</u> (Attach <i>add</i> | <mark>ig or adding addition:</mark> litional sheets, if neces. | al Articles, enter chasary). (Be specific) | ange(s) here: | | | |
|--|---|--|---|----------------------------|----------|-------------|
| N/A | | | | | | |
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| F. If an amei | ndment provides for : | an exchange, reclass | ification, or can | cellation of issued s | shares. | |
| provision | ns for implementing t | he amendment if no | t contained in the | e amend <u>ment</u> itself | <u>:</u> | |
| N/A | ot applicable, indicate | (N/A) | | | | |
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| The date of each amendment(s |) adoption: | , if other than the |
|---|--|------------------------------|
| hate this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in the document's effective date on the | is block does not meet the applicable statutory filing requirements, this date. Department of State's records. | te will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval. | 0) |
| | approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s): | nt |
| "The number of votes of | ast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder action and shareholde | er |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder | |
| 05/18/1 Dated Signature (By | a director, president or other officer if directors or officers have not been | |
| | ected, by an incorporator - if in the hands of a receiver, trustee, or other cour | 1 |
| арр | ointed fiduciary by that fiduciary) | |
| | Maria Clara Vega M | |
| | (Typed or printed name of person signing) | <u> </u> |
| | President | |
| | (Title of person signing) | |

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