P12000004644

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1/24/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PROSTHE	TICS STUDIO C	ORP
DOCUMENT NUMB	ER: P1200000464	4	
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	LIGIA MALDONA	NDO	
-		Name of Contact Person	
	NEGSER CORP	•	
•		Firm/ Company	
	29 CORTEZ WA	Y	
-		Address	
•	DAVIE., FL 3332	4	
		City/ State and Zip Code	
ligis	Mnegger com		
iigia	n@negser.com	sed for future annual report	notification)
			······································
For further information	concerning this matter, pleas	se call:	
LIGIA MALDO	ONADO	_{at (} 954	881-4239
Name o	f Contact Person	Area Coo	881-4239 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy
	enclosed)	(Additional C	• •
			is enclosed)
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle
- 			ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

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

FILED

PROSTHETICS STUDIO CORP

2012 JAN 20 AM 84 58

SECRETARY OF STATE TALLAHASSEE F P12000004644 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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	N/A	
	(Florida street address)	
New Registered Office 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)

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: XChange	<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>	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	P	JAIME ORTIZ	3853 NW 35TH ST COCONUT CREEK, FL 33066
2) Change Add Remove		·	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:

The date of each amendmen	i(s) adoption:
Effective date <u>if applicable</u> :	01/13/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
{Dated} 01/	19/2012
Signature	& Much Me
(B	y a director, president or other officer – it directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court
ар	pointed fiduciary by that fiduciary)
	JAIME ORTIZ
	(Typed or printed name of person signing)
	- PRESIDENT
	(Title of person signing)