472000/18852

(Req	uestor's Name)	
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(City	/State/Zip/Phone	#)
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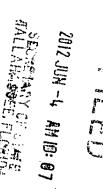
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: M B C MED BER: P1200001885	DICAL SERVICE 2	ES INC
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ALEJANDRO A C	CACERES	
		Name of Contact Person	1
	M B C MEDICAL	SERVICES INC	
		Firm/ Company	
	18901 SW 106 A	VE SUITE 224	
		Address	
	CUTLER BAY, FI	LORIDA 33157	
		City/ State and Zip Cod	e
ST	AROPORTUNITY	@GMAIL.COM	
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
NORBE CAL	.DERIN	at (786	, 319-0867
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is 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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to **Articles of Incorporation**

2012 JUN -4 AM 10:07

M B C MEDICAL SERVICES INC

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

P12000018852

(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

NIA	
	"corporation," "company," or "incorporated" or the a "Inc," or "Co". A professional corporation name must breviation "P.A."
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	N[A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered	I office address in Florida, enter the name of the
If amending the registered agent and/or registered new registered agent and/or the new registered of	I office address in Florida, enter the name of the
If amending the registered agent and/or registered new registered agent and/or the new registered of	l office address in Florida, enter the name of the fice address:
If amending the registered agent and/or registered new registered agent and/or the new registered of	I office address in Florida, enter the name of the

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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change X Add Remove	VP	NORBE CALDERIN	18901 SW 106 AVE SUITE 224 CUTLER BAY, FL 33157
2) Change Add Remove		<u> N A</u>	
3) Change Add Remove			
4) Change Add Remove		NA	
5) Change Add Remove		N A	
6) Change Add Remove	740 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N A	

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	***** * * * * * * * * * * * * * * * *			
		<u>e, reclassification, or c</u>	ancellation of issued shall the amendment itself:	res,
If an amendmen	t provides for an exchang	ent if not contained in		
provisions for	mplementing the amendm	ent if not contained in	the unendment regent	
provisions for (if not appl	t provides for an exchang mplementing the amendm cable, indicate N/A)	<u>ient if not contained in</u>	the untertainent regerr	
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provisions for (if not appl	mplementing the amendm	ent if not contained in		

The date of each amendment(s)	adoption: 05[31[2012
Effective date <u>if applicable</u> :	513112012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required. The amendment(s) was/were ac	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder
action was not required.	
_{Dated} 05 131	[2012
Signature	Olive
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	ALEJANDRO A CACERES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)