P/2000/4498

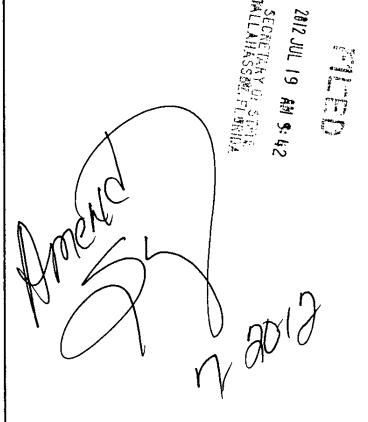
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200237554482

07/19/12--01024--017 **70.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AC GRUPO VENEZOLANO DE ECOGRAFIA MUSCULO-ESQUELETICA CORP
DOCUMENT NUMBER: P12000044498
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE PEREZ
Name of Contact Person
JP GLOBAL BUSINESS SOLUTIONS INC
Firm/ Company
7325 NW 36TH ST
Address
MIAMI FL 33166
City/ State and Zip Code
MINERVAJQ@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSE PEREZ at (305) 436-0095
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

j	PLED
28/2 _{////}	1.
ORP	19 AM 9: 42

AC GRUPO VENEZOLANO DE ECOGRAFIA MUSCULO ESQUELETICA CORRE

(Name of Corporation as currently filed with the l	Florida Dept. of State)
P12000044498	Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" ["Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	18520 NW 67TH AVE
Principal office address MUST BE A STREET ADDRESS)	#161 MIAMI FL 33015
C. Enter new mailing address, if applicable:	40500 NNA 07711 AVE
(Mailing address MAY BE A POST OFFICE BOX)	18520 NW 67TH AVE
	#161 MIAMI FL 33015
D. If amending the registered agent and/or registered office add	dress in Florida, enter the na <u>me of</u> the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	Florida
(City	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ıt:
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
Signature of New Registered	t 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	P		MINERVA QUINTERO	18520 NW 67TH AVE
Add				#161 MIAMI FL 33015
Remove				
2) X Change	VP		MARITZA QUINTERO	18520 NW 67TH AVE
Add				#161 MIAMI FL 33015
Remove				
3) Change ·		<u> </u>	 	
Add				
Remove				
4) Change	.			
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

utach additional sheets, if necessary).	cles, enter change (Be specific)	· · · · · · · · · · · · · · · · · · ·		
			<u>-</u>	<u>.</u>
		·		<u> </u>
				
			<u> </u>	
		······································		
		<u>, , , , , , , , , , , , , , , , , , , </u>		
		· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an exch provisions for implementing the ame	nange, reclassificat	tion, or cancell	<u>ation of issued s</u> mendment itself	<u>hares.</u>
broxisions for unfucing title ame	nament it not con	tained in the a	menament usen	<u>:</u>
(if not applicable, indicate N/A)				
	,			

The date of each amendment(s) a	doption: 7/16/2012
Effective date <u>if applicable</u> :	1 ///. / 20/2
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved 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)
	(voting group)
action was not required. The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder
	116/12
Signature Ni	eva aintero
	lirector, 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
appoir	nted fiduciary by that fiduciary)
	MINERVA QUINTERO (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	\mathcal{P}^{\cdot}
	(Title of person signing)