P12000062812

(Re	equestor's Name)	
(Ad	ldress)	····
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AAA AVAN	ICED MEDICAL	USA CORP
	BER: P1200006281		
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	MARTIN TORRE	S	
		Name of Contact Person	n
	COOO DUU A AL EX	Firm/ Company	
	6392 BULA ALEX		
	LAKE WORTH F	Address L 33462	
•		City/ State and Zip Cod	e
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
		at ()de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

AAA AVANCED MEDICAL USA CORP

AAA AVANCED MEDICAL USA CORP

Articles	of Incorporation
AAA AVANOED MEDIOM HOA OOF	of War
AAA AVANCED MEDICAL USA COF	
(Name of Corporation as currently filed with	the Florida Dept. of State)
AAA AVANCED MEDICAL USA COR	RP
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
AAA ADVANCED MACHINERY USA	CORP The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6392 BULA ALEX CAY TRL
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	LAKE WORTH FL
	33462
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6392 BULA ALEX CAY TRL
	LAKE WORTH
	FL 33462
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	idress:
Name of New Registered Agent JIREH MUL	TISERVICES INC.
3095 S MILI	ITARY TRAIL
(Flor	rida street address)
New Registered Office Address: LAKE WOR	TH, Florida 33463
The state of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Albereby accept the appointment as registered agent. I am fan	
Signature of New Regis.	tered 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	PT	John Doe	
X Remove	<u>v</u> .	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>P</u>	MARTIN TORRES	6392 BULA ALEX CAY TRI
Add			LAKE WORTH FL
Remove			33462
2) X Change	VP	JHONNY NARANJO	8803 W SAMPLE RD
Add			CORAL SPRINGS
Remove			FL 33065
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

	tonui sneets, ij n	necessary). (Be	e specific)			
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f an amend	lment provides	for an exchange	e, reclassification	on, or cancellatio	n of issued share	<u>S.</u>
provisions	for implementi	ng the amendm	<u>ent if not conta</u>	ined in the amen	dment itself:	
	applicable, indic	cate N/A)				
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The date of each amendment(s) adoption: 04/01/2013
	04/01/2013
<u>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated_04/0	9/2013
Signature	Affilia de la companya dela companya dela companya dela companya dela companya de la companya de la companya dela com
	edirector, president or other officer – if directors or officers have not been octed, by an incorporator – if in the hands of a receiver, trustee, or other court
	ointed fiduciary by that fiduciary)
	MARTIN TORRES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)