P120000088130

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AND AHASSEE, FLORID

9/24/13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ARE MEDI	CALL CORPOR	ATION
DOCUMENT NUMBER: P12000088130			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JANE MAIA		
		Name of Contact Person	n
	DUVEKOT CORE	PORATION	
		Firm/ Company	
	671 NW 4TH AVI	ENUE - SUITE (D23
		Address	
	FORT LAUDERD	ALE, FL 33301	
		City/ State and Zip Cod	e
AD	MIN@DUVEKOT	.COM	
****		sed for future annual report	notification).
For further informatio	concerning this matter, pleas	se call:	
JANE MAIA		at (305	, 716-9775
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made p	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)
- Mai	iling Address	Street	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tall	ahassee, FL 32314		xecutive Center Circle
		1 allaha	issee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED

AIL MEDICALL CONTONATION		ı
(Name of Corporation as currently filed w	th the Florida Dept. of State) 2013 SEP 16 PM 4: 29	
P12000088130	SECRETARY OF STATE	•
(Document Number of Corp		д
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendr	ment(s) to
A. If amending name, enter the new name of the corpora	tion:	
	The ne	ew
B. Enter new principal office address, if applicable:	671 NW 4TH AVENUE - SUITE C23	
(Principal office address <u>MUST BE A STREET ADDRES.</u>	FORT LAUDERDALE, FL 33311	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		
Name of New Registered Agent DUVEKOT	CORPORATION	
200 S ANDR	EWS AVENUE - SUITE 101	
· (F	orida street address)	
New Registered Office Address: FORT LAU	DERDALE , Florida 33301	
now regimerou office namem.	(City) (Zip Code)	
Non-Davigtoured Aponto Cincerton 15 hours on 15 hours	1 4	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J	niliar with and accept the obligations of the position.	
, neh	L W	
Signatury of New Res	istered 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	MARCOS B. CARVALHO	671 NW 4TH AVENUE - SUITE C23
X	;		FORT LAUDERDALE, FL 33311
Remove			
2) Change	S	DANIEL O. SANTOS JR.	671 NW 4TH AVENUE - SUITE C23
X Add	• •		FORT LAUDERDALE, FL 33311
Remove			
3) Change		N. V 244 V.	
Add			***************************************
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
THE OFFICERS AND DIRECTOR'S ADRESSES SHALL BE AS FOLLOW:
671 NW 4TH AVENUE - SUITE C23. FORT LAUDERDALE, FL 33311
4
·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved 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)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 09/06	5/2013	
Signature	Justons de Cumbo	
selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	MARCOS B. CARVALHO	
	(Typed or printed name of person signing)	******
•	PRESIDENT	

(Title of person signing)