# P12000099641

(Red	questor's Name)	
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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	ETGAR MEDICA	AL INSTRUMENTS	& IMPLANTS CORP.		
DOCUMENT NUMBER: P	12000099641		<del> </del>		
The enclosed Articles of Amend		nitted for filing.			
Please return all correspondence	e concerning this matter	r to the following:			
Jaso	n S. Weiss				
Weis	Name of Contact Person Weiss Law Group				
Firm/ Company 12512 W. Atlantic Blvd.					
Cora	Address Coral Springs FI 33701				
		City/ State and Zip Cod	e		
	swlawyer.com ail address: (to be used	for future annual report	notification)		
For further information concern	ing this matter, please o	call:			
Jason S. Weiss		<sub>at (</sub> 954	5732800		
Name of Contac	t Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follo	owing amount made pay	able to the Florida Depa	artment of State:		
	13.75 Filing Fee & lertificate 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## **Articles of Amendment**



14 FEB 13 PM 4:00

### Articles of Incorporation

ETGAR MEDICAL INSTRUMENTS & IMPLANTS CORP.

(Name of Corporation as currently filed with the F	Florida Dept. of State)
P12000099641	·
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  Eretz Portugal Winery, Corp.	
name must be distinguishable and contain the word "corporatio "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:	12512 W. Atlantic Blvd
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs FI 33701
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12512 W. Atlantic Blvd
	Coral Springs FI 33701
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Weiss Law Grou	
Name of New Registered Agent 12512 W. Atlan	
	reet address)
New Registered Office Address: Coral Springs	, Florida 33701
New Registered Office Address. (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered tigent. I am familiar	
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, Sully 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	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				-
2) Change		<u></u>		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	<del></del>	<del></del>		
Add				
Remove				<del></del>
5) Change				****
Add				
Remove				
6) Change		_		
Add				
Remove				

	nal sheets, if necessa	ıry). (Be specif	change(s) here: lc)		
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					,
If an amoud	ent provides for an	amendment if n	ssification, or ca ot contained in t	ncellation of issue he amendment its	<u>d shares,</u> elf:
provisions for	r implementing the	'A)			
provisions for	r implementing the plicable, indicate N/.	(A)			
provisions for	r implementing the plicable, indicate N/.	(A)			
provisions for	r implementing the	(A)			
provisions for	r implementing the	(A)			
provisions for	r implementing the	(A)			
provisions for	r implementing the	(A)			

	10 d d d
The date of each amendment(s) adoption: 02/12/2014 date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2   12   2014	
Signature ( ) ( ) ( ) ( ) 3	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<del></del>
Baron of Fulwood	
(Typed or printed name of person signing)	_
Secretary	
(Title of person signing)	_