# P13000036251

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

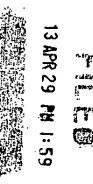




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MC 5/7//3



### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ADVANCE	- 4 - MEDICA C	A INC
DOCUMENT NUMBER: P1300003625	1	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
SUSANA BIJANI		
JP GLOBAL BUS	Name of Contact Person	
<u> </u>	Firm/ Company	
1470 NW 107TH	• •	
	Address	
MIAMI, FL 33172		
	City/ State and Zip Code	2
JOSE.PEREZ@DAN	IELAHART.CO	M
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
SUSANA BIJANI	at (305	, 436-0093
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 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 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

# **Articles of Amendment Articles of Incorporation**

## ADVANCE - 4 - MEDICA CA INC

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

ent(s) to

			₹354
(Document Number	r of Corporation (if known)		
suant to the provisions of section 607.1006, Flo Articles of Incorporation:	rida Statutes, this <i>Florida Profit</i>	Corporation ado	ots the following ame
If amending name, enter the new name of the	e corporation:		كأخور
DVANCE - 4 - MEDIA CA INC			The
ne must be distinguishable and contain the vorp.," "Inc.," or Co.," or the designation "Cod" (chartered," "professional association," or the designation," or the designation is the contract of the contract	orp," "Inc," or "Co". A profe.		ited" or the abbrev
Enter new principal office address, if applica incipal office address MUST BE A STREET A			
noiput oggice duarens <u>involve bissit outerississ</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		
If amending the registered agent and/or regi		, enter the name	of the
If amending the registered agent and/or reginer new registered agent and/or the new register		, enter the name	of the
		, enter the name	of the
new registered agent and/or the new register	red office address:	, enter the name	of the
new registered agent and/or the new register		enter the name	of the
new registered agent and/or the new register	red office address:	enter the name	of the  (Zip Code)

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, 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.

X Change	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				· · ·
Remove				<del></del> .
2) Change		<del></del>		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		<u></u>		
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

stach additional Arti attach additional sheets, if necessary).	(Be specific)	
		,
		•••
	· · · · · · · · · · · · · · · · · · ·	. <u></u>
		***
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shar	es.
provisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment	t(s) adoption: 04/25/2013
Effective date <u>if applicable</u> :	04/25/2013
Zilettive date <u>ii uppiteusie</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 04/	25/2013
Signature	by a director, president or other officer – if directors or officers have not been
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court
	ppointed fiduciary by that fiduciary)
	HECTOR LUNA
	(Typed or printed name of person signing)
	President
	(Title of person signing)