P13000057070

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Amend (10) 3/12/14

COVER LETTER

TO: Amendment Section

Division of Corporations

٤,

Tallahassee, FL 32301

NAME OF CORPOR	ATION: OHMED	ICA INC.			
DOCUMENT NUMBER: P1300057670					
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.			
Please return all corresp	condence concerning this mat	ter to the following:			
_	MIGU	EL D. ATT			
_	OHMED	Name of Contact Person			
-	17510 Co				
-	WTZ, F	L 33548			
City/ State and Zip Code DOCTORATTIAS & BMAIL. COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MIGUEL D. ATTIAS at 813, 344-9230					
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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)		
	ing Address		Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327 Clifton Building					
	hassee, FL 32314		executive Center Circle		

	Articles of An	nendment	
	to Articles of Inco	rnoration	
OHME	dica i	NC 1	
(Name of Corporation as curre	ently filed with the Fl	orida Dept. of State)	
P13000	XX57670)	"A)
(Document Nun	nber of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this I	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of	f the corporation:	N/A	The same
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	Co". A professional corporation	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>	licable:	17510 GRSINO) LUTZ, FL 33	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		17510 CORSINO WTZ, FL 335	- 4>
D. If amending the registered agent and/or new registered agent and/or the new regi			t <u>the</u>
Name of New Registered Agent	N/A		
	9510 Core (Florida stre	SINO DR	
New Registered Office Address:	WTZ (City)	, Florida	3548 Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a		ith and accept the obligations of th	ne position.
Signatur	re of New Registered A	gent, 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.

Mike Jones, v as kemov	e, ana sai	iy smun,	SV as an Aaa.		
Example: X Change	<u>PT</u>	John D	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally S	mith		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change	STR	2	MARGARET	PRESSNER	17510 CORSINO DR
X Add					WTZ, FL 33548
Remove					
2) Change					
Add					
Remove					
3) Change		_		<u> </u>	
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

E. If amending or addin	g additional Articles, enter change(s) here:
(Attach additional shee	ets, if necessary). (Be specific)
	1 🗛
N	/A
1868 18 1 18 801 18 8 8 1	
	
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. If an amendment pro	vides for an exchange, reclassification, or cancellation of issued shares,
provisions for imple	menting the amendment if not contained in the amendment itself:
(if not applicable	, indicate N/A)
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	$\lambda \mid / \angle \lambda$
	-1V// ~
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If amending (Attach addit	g or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)	
	NA	
-		<u>. </u>
		·
	 	
provisions	dment provides for an exchange, reclassification, or cancellation of issus for implementing the amendment if not contained in the amendment it applicable, indicate N/A)	ed shares. self:
	NA	
		- ·- ·· ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
(no more than 90 days after amendment file date)	
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 3/6/2014	
Signature Mysul Attic	
(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)	
MIBUEL D. ATTIAS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	