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Amend/Naml (10, 3/5/15

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporation	1.5				
NAME OF CORPORATION			PTION		
DOCUMENT NUMBER:	P1300006825	50			
The enclosed Articles of An					
Please return all correspond	ence concerning this ma	tter to the following:			
DENISE L NAJJOUM					
NA	JJOUM SERV	Name of Contact Person ICES, INC	1		
Firm/ Company 2149 SE EAST DUNBROOKE CIRCLE					
PO	RT ST LUCIE	Address , FL 34952			
		City/ State and Zip Cod	e		
	O@BELLSOU				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information conc	terning this matter, pleas	se call:			
RHONDA LONGHORN		at (772	220-7658		
		de & Daytime Telephone Number			
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	urtment 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of



D'S MEDICAL TRANSCRIPTION INC

(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	•
P13000068250			
(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	nme of the corporation:		
NAJJOUM SERVICES IN	NC		The new
	uation "Corp," "Inc," or "C	," "company," or "incorporated" or the ab o". A professional corporation name must c	obreviation -
B. Enter new principal office address,	if applicable:	2149 SE EAST DUNBROOKE CIRCLE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		PORT ST LUCIE, FL 34952	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		2149 SE EAST DUNBROOKE CIRCLE	
		PORT ST LUCIE, FL 34952	
•			
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent			
	2149 SE EAST DU	NBROOKE CIRCLE	
	PORT ST LUCIE	•	
New Registered Office Address:	(City)	Florida 34952 (Zip Code)	
	. ,	,	
New Registered Agent's Signature, if c	hanging Registered Agent:		
t hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of the position.	
Si	gnature 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.

Example:	1776, 11716	, , , , , , , , , , , , , , , , , , , ,	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	CRAIG NAJJOUM	2149 SE EAST DUNBROOKE UKU
Add			PORT ST LUCIE, FL 34952
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
∧dd			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	i <mark>cles, enter change(s) here</mark> : (Be specific)
And the second s	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 east 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)	
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 FEBRUARY 9, 2015	
Signature Amise L Phagoun	
(By a director, president or 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)	
DENISE L NAJJOUM	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	