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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOI	RATION: DACAJ M BER: P130000707		PLIERS, INC.	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this made	tter to the following:		
	AMY HERNAN	DEZ		
		Name of Contact Person	1	
	7968 NW 18 C	Firm/ Company		
	1900 INV 10 C	Address		
	PEMBROKE P	INES, FL 330	24-3676	
		City/ State and Zip Cod	е	
HE	RNANDEZASSOCI	_		
	E-mail address: (to be us	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call:		
AMY HERN	NANDEZ	at (305	, 318-4701	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	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)	
Ame	iling Address endment Section	Amend	Address Iment Section	
P.O	ision of Corporations . Box 6327	Division of Corporations Clifton Building		
Tall	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

## **Articles of Amendment** Articles of Incorporation

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## DACAJ MEDICAL SUPPLIERS, INC.

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

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(Document Number of Corporation (if known)

ent(s) to

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nation "Corp," "Inc," or "Co	". A professional con	corporated" or the abb rporation name must co
, if applicable <u>:</u> STREET ADDRESS )		
<u>licable:</u> OFFICE BOX)		
nd/or registered office address	s in Florida, enter the	name of the
w registered office address:		
w registered office address:	address)	
N/A  (Florida street	address)	orida
	nation "Corp," "Inc," or "Co ation," or the abbreviation "P., if applicable: STREET ADDRESS )	licable: OFFICE BOX

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 Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
() Change	Р	CARLOS RIBEIRO	2019 NW 84 AVENUE
Add			107
Remove			DORAL, FL 33122
2) Change	D,P	AMY HERNANDEZ	7968 NW 18 COURT
Add			PEMBROKE PINES, FL 330
Remove			
3) Change	VP	BODIYABADUGE PERERA	2019 NW 84 AVENUE
Add			107
Remove			DORAL, FL 33122
4) Change	S	JULIE M CASTRO	2019 NW 84 AVENUE
Add			107
Remove			DORAL, FL 33122
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amend</u> (Attach a	<mark>ling or adding additional A</mark> Additional sheets, if necessary	rticles, enter ch	ange(s) here:			
N/A	uutitonut sneets, ij neeessary	y. (Be specific,	,			
N/A	- Arterior and Arterior					
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	··· <del></del>					
F. <u>If an am</u>	nendment provides for an e	xchange, reclass	ification, or can	cellation of issu	ed shares,	
<u>provisi</u> (if i	ons for implementing the a not applicable, indicate N/A	<u>menument 11 no</u> )	t contained in th	e amenument it	<u>seii:</u>	
N/A		,				
	v •	•••				

The date of each amendment(s)	adoption:	, if other than t
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated JULY	29.20	
selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	AMY HERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	_
	(Title of person signing)	