## P13000 90835

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
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(Bu	usiness Entity Nar	me)
(Dx	ocument Number)	,
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SECRETARY OF STATE

R. WHITE

SEP 0 4 2018

OI8 AUG 30 AM II: 2:

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: SIMMED USA, C	ORP	· — — — — — — — — — — — — — — — — — — —
DOCUMENT NU	MBER:		
The enclosed Articl	les of Amendment and fee are so	abmitted for filing.	
Please return all coi	rrespondence concerning this ma	itter to the following:	
	Maynor Antunez		
	**************************************	Name of Contact Pers	0::
	SIMMED USA Corp		
		Firm/ Company	
	1242 SW Pine Island RD Sto	: 42-275	
	***************************************	Address	
	Cape Coral, Ft. 33991		
		City State and Zip Co	ate
		way take the type of	
sin	omedusainfo@gmail.com		
	E-mail address; (to be u	sed for future annual repo	rt notification)
For further informa	tion concerning this matter, pleas	se call:	
Maynor Antunez		305	904-4212 'ode & Daytime Telephone Number
Nan	ne of Contact Person	Area (	ode & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida De	partment of State:
<b></b>			
2 535 Filing Fee	□\$43-75 Filling Fee & Certificate of Status	□ S 13.75 Filing Fee & Certified Copy	☐\$52,50 Filling Fee Certificate of Status
		(Additional copy is	
		enclosed)	(Additional Copy
			is enclosed)
<u> </u>	lailing Address	Stree	n Address
Amendment Section		Amendment Section	
Division of Corporations			sion of Corporations
P.O. Box 6327			m Building
Tallahassee, F1, 32344		2001	Executive Center Circle

Taffahassee, FL 32301

## Articles of Amendment

## FILED

Articles of Incorporation2018 AUG 30 AM 11: 27

SIMNIED USA CORP		SEURE IAN	CCOF STATE ASSEE-FI
(Name o	of Corporation as currently	filed with the Florida	<u> </u>
P13000090835			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporati	on adopts the following amendment(s)
A. If amending name, enter the new na	une of the corporation:		
			The new
name must be distinguishable and con "Corp." The " or Co." or the design word "chartered," "professional associa	anion Corp." "Inc." or "C	." "company," or "inc o' i projessional co	corporated" or the abbreviation
B. <u>Enter new principal office address</u> , (Principal office address <u>MUST BE A S</u>			· · - ·   - · · · · · · · · · · · · · ·
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)			
O. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the	name of the
	MAYNOR ANTUNEZ		
<u>Name of New Registered Agent</u>	1242 SW PINE ISLAND R	D STE 32-275	
	tl'lorida sire	a address	
New Registered Office Address:	CAPE CORAL		
		Cuyı	(Zip Code)
New Registered Agent's Signature, if e I hereby accept the appointment as regist	<mark>lered agent. – Lam famili</mark> ar w	·	
	Haynor and	unez_	
	Symptone at Ven Re	aistored Lannt Hickory	ina

1

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:

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 PID.

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: <u>X</u> Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Maria C Caycedo	1242 SW Pine Island RD
Add			Ste 42-275
X Remove			Cape Corat, FL 33991
N Change	PV	Maynor Antonez	1242 SW Pine Island RD
Add			Ste 42-275
Remove			Cape Coral, FL 33991
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			<u> </u>
Remove			
5/ Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

E. Hamending or adding additional Arti	
(Attach additional sheets, if necessary),	няе хресінсі
	ADA
	···· — · — · — · — · — ·
	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate $N/4$ )	
	<u></u>
	, , , , , , , , , , , , , , , , , , , ,

	08/02/2018
The date of each amendment(s) date this document was signed.	
	8/20/2018
Effective date <u>if applicable</u> :	tno more than 90 days after amendment file dater
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were by the shareholders was/were	adopted 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 amendmentiss
"The number of votes co	ist for the amendment(s) was were sufficient for approval
by	(voting greup)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
03/20 De	H S
Dated	Yoynor antunez
(By sele	a 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 binted fiduciary by that fiduciary)
	Maynor Antunez
	(Typed or printed name of person signing)
	President
	(Title of person signing)