## P14000003512

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THE REPORT OF STREET

MUND 4.28.14

## **COVER LETTER**

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: SYSMEDIK INC					
DOCUMENT NUMI	D4.400000254				
	of Amendment and fee are sul	omitted for filing			
Please return all corre	spondence concerning this mat	ter to the following:			
	JAVIER GUADALUPE OLIVOS				
		Name of Contact Person	ı		
	SYSMEDIK INC				
		Firm/ Company			
	11388 NW 87 LA	NE			
		Address			
	MEDLEY, FL 33	3178			
		City/ State and Zip Code			
ricl	kgaray@rgtax.com	1			
1101		ed for future annual report	notification)		
	(	•	*		
For further information concerning this matter, please call:					
RICKY D. G	ARAY	at (786	525-7085		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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		Street Address			
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## SYSMEDIK INC

P1400003512	filed with the Florida Dept. of State)	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the	following amendment(s) t
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered." "professional association," or th	ord "corporation," "company," or "incorporated" or "lnc." or "Co". A professional corporation nat he abbreviation "P.A."	or the abbreviation ne must contain the
B. Enter new principal office address, if applical	ble:	
(Principal office address <u>MUST BE A STREET A</u>	DDRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	3OX)	
		<del></del>
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida, enter the name of the ed office address:	<u> </u>
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip	Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with and accept the obligations of the p	position.
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.

Example: X Change	<u>PT</u>	John Do		
X Remove	<u>v</u>	Mike Jo		
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	MGR	<u>-</u>	Javier Guadalupe Olivos	11388 NW 87 Lane
Add				MEDLEY, FL 33178
Remove				
2) Change		<del>_</del>		
Add				
Remove				
3) Change		_		
Add				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add		_		
Remove				

	(Be specific)
<del> </del>	
l <u>f an amendment provides for an excl</u>	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment date this document was signed	(8) adoption: 04/14/2014	<del></del>	, if other than the
, =	04/14/2014		
Truccasa grain to the transfer aim.	(no more than 90 days after amendment file date)		•
Adoption of Amendment(s)	(CHECK ONE)	· .	
	re adopted by the shareholders. The number of votes east for the amendment ere sufficient for approval.	<b>s</b> )	•
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval		·.
by	(voting group)	,	•
action was not required.	re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder	er '	
Dated_04/	14/2014		
Signature _	June 1		<u>-</u>
٠.	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 composited fiduciary by that fiduciary)		
	JAVIER GUADALUPE OLIVOS	ر 	•
	(Typed or printed name of person signing) -		.**
• •	MANAGER	· • •	•
•	(Title of person signing)		•