## P14000003547

(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section

Division of Corpo	orations		
NAME OF CORPOR	PATION: ANGIJO,	INC.	
DOCUMENT NUME	BER: P14000003	547	
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Michelle G Tor	res, Esq.	
	T 0.17 1111	Name of Contact Person	n
	Torres & Vadill		
	44400 NIVAL 44	Firm/ Company	200
	11402 NW 41		202
	Doral, Florida	Address 33178	
		City/ State and Zip Cod	e
mic	chelle@torresv	adillollp.com	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Hazel Solis	Rojas, Esq.	at (305	<sub>.)</sub> 485-9700
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	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	
Tallahanna Et 20014		0//LE	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

FILED

Articles of Incorporation 4 FEB 28 PM 4: 24

ANGIJO, INC	MEDICETARY OPISTATE
(Name of Corporation as currently filed with	the Florida Dept. of State)
P14000003547	<b>3</b>
(Document Number of Corporate	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new pration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent	
(Florid	da street address)
New Registered Office Address:	, Florida
(	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	

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	PT John J	Doe	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Treasu	Angel J. Jaimes	11402 NW 41 Street
Add			suite 202
Remove			Doral, Florida 33178
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
Enective date in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
action was not required.	peed by the incorporators without shareholder action and shareholder	
<sub>Dated</sub> February	24, 2014	
Signature	rector, 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	
appoint	ed fiduciary by that fiduciary)	
	Angel Jaimes	
	(Typed or printed name of person signing)	
_	President/Director	
-	(Title of person signing)	<del></del>