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### **COVER LETTER**

		COVER LETTER		4,
TO: Amendment Section Division of Corpora				19 OEC 25 PM 12:58
NAME OF CORPORA	TION: ADVANTECH MI	EDICAL SOLUTIONS INC	3	े जिल्ली
		· · · · · ·		2 m
DOCUMENT NUMBE		<del></del>		<b>3</b> 2.7
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspondent	ondence concerning this ma	tter to the following:		
E	loy Gomez			
<del></del>		Name of Contact Persor	1	
A	DVANTECH MEDICAL S	OLUTIONS INC		
		Firm/ Company		
10 —	)324 Ashley Oaks Drive			
R	iverview, FL 33578	Address		
_		City/ State and Zip Code	e	
advante	chmedicalsolutions@yahoo	.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	concerning this matter, pleas	se call:		
Eloy Gomez		.954	. 588-4510	
	Contact Person	at (at Coe	)de & Daytime Telephone Number	_
	he following amount made		, .	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section in of Corporations cutre of Tallahassee V. Monroe Street, Suite 810 ussee, FL 32303	

## Articles of Amendment Articles of Incorporation of

#### ADVANTECH MEDICAL SOLUTIONS INC

# (Name of Corporation as currently filed with the Florida Dept. of State) ADVANTECH MEDICAL SOLUTIONS INC (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent

#### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

(City)

, Florida

(Zip Code)

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		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	P	Eloy Gomez III	10324 Ashley Oaks Drive	
Add			Riverview, FL 33578	
Remove  2) Change	V	Carl Southwell	10521 Egret Haven Lane	
Add			Riverview, FL 33578	
Remove Change	<del></del>			
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			··	
Remove				
		Page 2 of 4		
E. If amending or addi	ing additi eets, if ned	onal Articles, enter change(s) here: cessary). (Be specific)		

E.	If amending or adding additional Arti	cles, enter change(s) here:
	(Attach additional sheets, if necessary).	(Be specific)

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_, if other than th
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	e amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted be action was not required.	by the board of directors without shareholder action and shareholder
action was not required.	by the incorporators without shareholder action and shareholder
Dated	26/19
Signature	g Shull M
(By a director	, president of opiner officer = if directors of officers have not occir
	an incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)
	Eloy Gomez  (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
(Title	of person signing)