P14-000020292

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·





100257894041

03/24/14--01024--024 **35.00

Approx

03-27-14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MEDICA	AL SUPPL	IES,	INC.
DOCUMENT NUMBER: P1400002			
The enclosed Articles of Amendment and fee are	submitted for filing		
Please return all correspondence concerning this	matter to the followi	ng:	
ALEXANDRA	SALIMA		
MEDICAL SI	<u>-</u>	INC.	
4585 SW 113	Firm/ Coi		212
MIRAMAR, F	L, 33025	ess	
MANUELMARTE E-mail address: (to be		MAIL	COM
For further information concerning this matter, pl		•	,
MANUEL MARTES	_{at (} 7	86	356-5843
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Flo	rida Dep	artment of State:
■ \$35 Filing Fee		ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		Iment Section on of Corporations n Building Executive Center Circle	

Articles of Amendment to Articles of Incorporation of



MEDICAL SUPPLIES, INC

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

P14000020292

(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:

<u>MEDICINA VITAL , I</u>			Th
me must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," of	"Co". A professional c	
Enter new principal office address, rincipal office address <u>MUST BE A S</u>		N/A	
	icable:	N/A	
Mailing address MAY BE A POST	OFFICE BOX		
(Mailing address <u>MAY BE A POST</u>			no nome of the
(Mailing address <u>MAY BE A POST</u>	nd/or registered office ac	ldress in Florida, enter th	ne name of the
(Mailing address MAY BE A POST If amending the registered agent an new registered agent and/or the new	nd/or registered office ac	ldress in Florida, enter th	ne name of the
(Mailing address MAY BE A POST If amending the registered agent an	id/or registered office ac w registered office addre ALEXANDRA S	ldress in Florida, enter th	ne name of the
(Mailing address MAY BE A POST If amending the registered agent an new registered agent and/or the new	id/or registered office ac w registered office addr ALEXANDRA S 4585 SW 113TH L	Idress in Florida, enter thess:	ne name of the
If amending the registered agent an new registered agent and/or the new	id/or registered office ac w registered office addr ALEXANDRA S 4585 SW 113TH L	Idress in Florida, enter thess: ALIMA ANE UNIT 08-212 street address)	ne name of the lorida 33025

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:	, ana Sai	iy Smith, .	SV as an Aaa.	
X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	<u>Sally Sn</u>	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change			N/A	
Add Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		 -		
Add				
Remove				
5) Change				
Add		_		
Remove				
_				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Arti	cles, enter change(s) here:	
(Attach additional sheets, if necessary).	(Be specific)	
N/A		
		<u> </u>
		
F. If an amendment provides for an exch	ange, reclassification, or cancellatio	n of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amen	<u>dment itself:</u>
N/A		
		
		·
		·····

The date of each amendment(s) adoption: 03/19/2014	, if other than th
date this document was signed.	
Effective date if applicable: 03/19/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03/19/2014	
Fair in	
Signature (By a director, 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	
appointed fiduciary by that fiduciary)	
ALEXANDRA SALIMA	
(Typed or printed name of person signing)	
PRESIDENT/OFFICER/DIRECTOR	
(Title of person signing)	