## P14000040716

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EXAMMER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: T&C INTERNATIONAL MEDICAL SUPPLY, INC.						
DOCUMENT NUMBER: P14000040716						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
MILTON L. PEREZ						
Name of Contact Person						
MLP FINANCIAL GROUP, INC.						
Firm/ Company						
4005 NW 114TH AVE., UNIT 5						
Address						
DORAL, FL 33178						
City/ State and Zip Code						
MPEREZ@PREMIUMTAXSERVICES.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
MILTON L. PEREZ  Name of Contact Person  at (305) 406-3858  Area Code & Daytime Telephone Number						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  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						



## Articles of Amendment to Articles of Incorporation

14 MAY 22 PM 1:57

SECRETARY OF STATE TALLAHAS SEE, FLORIDA

## T&C INTERNATIONAL MEDICAL SUPPLY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P14000040716 (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: 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 (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: 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

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)	Title		Name	<u>Addres</u> s		
1) Change	PD	_	YESSICA VELEZ GIRALDO	10710 NW 66 ST		
Add						
Remove				MIAMI FL 33178		
2) Change	PD		CARLOS PARRA	10710 NW 66 ST		
Add						
Remove				MIAMI FL 33178		
3) Change		<u> </u>				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
<del></del>						
6) Change		<del>-</del>				
Add						
Remove						

Attach additional sheets, if necessary).	. (Be specific)	
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f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
provisions for implementing the am	nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		_

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The date of each amendment(s) adop	ion: 14 MAY 22 PM 1	: 57, if other than th
date this document was signed.	SECRETARY OF STALLAHARSEE, FO	
Effective date <u>if applicable</u> :	date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes cast for the ient for approval.	e amendment(s)
	ed by the shareholders through voting groups. <i>The fol</i> h voting group entitled to vote separately on the amer	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action	and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and	shareholder
Dated MAY 19, 2	014	
Signature		
selected, I	tor, president or other officer – if directors or officers y an incorporator – if in the hands of a receiver, truste fiduciary by that fiduciary)	
C	ARLOS PARRA	
<del></del>	(Typed or printed name of person signi	ng)
D	RECTOR	
	(Title of person signing)	