P14000046568

(Red	questor's Name)	
(Add	Iress)	
(Add	Iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	
Į.		~ ,





100369287441

09/27/21--01004--005 **35.00

EF 23 PH 12: 45

SEP 27 2021 I ALBRITTON

COVER LETTER

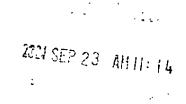
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: Franco M	led Tech Inc.	217	ISEP - I	AH 10	: 4
DOCUMENT NUMBE			· · · · · · · · · · · · · · · · · · ·		,- r	
	*Amendment and fee are sub	omitted for filing.				
	ondence concerning this mat					
·		Name of Contact Person				
_		Franco Med Ti	ech, Inc.			
	an- da	, ,				
	300 NO	mondy Dr. Address	_ _			
	ı 1.	1 1 61 379	» Z			
_	India	City/ State and Zip Code	: :			
	Rfrei	ncousF12 Ggmai	notification)	_		
-	E-mail address: (to be us	ed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Qua	Francis	n. 321	298-3431			
Name of Contact Person		Area Co	de & Daytime Telephone N	umber		
	the following amount made					
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio The C	Address Innent Section on of Corporations Ientre of Tallahassee N. Monroe Street, Suite 8	310		

Tallahassee, Fl. 32303





September 13, 2021

RYAN FRANCO 300 NORMANDY DRIVE INDIALANTIC, FL 32903

SUBJECT: FRANCO MED TECH, INC

Ref. Number: P14000046568

We have received your document for FRANCO MED TECH, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00022060

Irene Albritton Regulatory Specialist III

www.sunbiz.org

Articles of Amendment

to Articles of Incorporation

Articles of	e e		
FRANCO MED TE	CH. INC		
(Name of Corporation as curre		Dept. of State)	
	146568		
	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corporati</i>	on adopts the following	; amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>		
			The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc." or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corporati	ited" or the abbreviatio on name must contain	n "Corp.," the word
B. Enter new principal office address, if applicable:			=
(Principal office address MUST BE A STREET ADDRESS)			22 3
			17
			-, -,
C. Enter new mailing address, if applicable:			9 19
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	- 17
			- 51 -
			<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Florida, enter th	e name of the	
Name of New Registered Agent			_
(Floria	la street address)		-
V. Designand (Man Address)		, Florida	
New Registered Office Address:	(City)	(Zip C	Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family	gent: liar with and accept the oblig	gations of the position.	

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

Example: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	Kamming Franco	300 Normandy Dr.
_✓ Add			Indialantic, FL 32903
Remove			
2) Change			
Add			
Remove 3) Change	 .		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding addition (Attach additional sheets, if nece	ssary) (Be specific)				
(request additional sheets, if here	our yr (De epecyle)				
					
<u> </u>					
				·	
			<u>-</u>		
					
			'		
			<u>.</u>		
					· ·
		-			
					<u> </u>
		<u> </u>		-	
		<u> </u>			
		<u> </u>		· ·-	
F. If an amendment provides fo	r an avehange reclass	sification, or car	cellation of issu	ed shares,	
provisions for implementing (if not applicable, indicat	the amendment if no	t contained in t	he <u>amendme</u> nt i	tself:	
(if not applicable, indicat	e N/A)				
	<u> </u>				
					<u> </u>

The date of each amendment(s) adoption:	Aug	ZG:	2021	, if other than the
date this document was signed.				
Effective date <u>if applicable</u> :	AUG o more than 90 da		ZOZ) dment file date)	
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	neet the applicable ite's records.	e statutory fili	ng requirements.	this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK <u>ONE</u>)			
The amendment(s) was/were adopted by the incaction was not required.	orporators, or boar	d of directors	without sharehold	der action and shareholder
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	reholders. The nu proval.	mber of votes	cast for the amen	ndment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr	nareholders throug oup entitled to vote	h voting group e separately o	ps. The following n the amendment(statement (s):
"The number of votes cast for the amendr	nent(s) was/were s	ufficient for a	pproval	
by	group)		·"	
(voting	group)			
DatedAug_a	26,20	21		
Signature (By a director preside selected, by an incorp appointed fiduciary b	nt or other officer orator - if in the h	 if directors 	or officers have no iver, trustee, or ot	ot been her court
R	Ped or printed nar	FQ.6	ANCO	
	<u>. </u>	STOE		
(T)	tle of person signi	ng)		

the