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COVER LETTER

TO: Amendment Sect Division of Corp			7	15 HAR 11 PH 3: 17
NAME OF CORPO	RATION: ORTHOIM	PLANT CORP		
DOCUMENT NUM		THE THE		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		3: 17 STATE
Please return all corre	spondence concerning this ma	tter to the following:		Dm
	ORTHOIMPLAN	T CORP		
		Name of Contact Person	1	
		Firm/ Company		
	101 S DIXIE DR	This company		
	HAINES CITY FL	Address 33844		
		City/ State and Zip Code	e	
For further informatio	E-mail address: (to be use no concerning this matter, please	sed for future annual report	notification)	
EDNA M GOMEZ		_{at (} 321	, 3321400	
Name of Contact Person Area Code & Daytime Tele		de & Daytime Telephone Nun	nber	
Enclosed is a check for	or 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to Articles of Inc

	Articles of Incorporation			
$\bigcap_{i=1}^{n}$	of Diagram	1	<u>ب</u>	•
\mathcal{O}_{F7}	<u>noimPlant</u>	('orp	万名	ast.
(Name of Corporation as current)	ly filed with the Florida Dept.	of Statey	25 35	pal states
<i>P</i> /	400006882	<u> </u>	多数二	
(Document Numbe	r of Corporation (if known)		778	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Prof</i>	it Corporation adopt	ts the following s	inhendment(s) to
A. If amending name, enter the new name of th	e corporation:		Miles.	
			7	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A proj	ny," or "incorporat fessional corporatio	ed" or the abh n name must co	reviation intain the
B. Enter new principal office address, if applica	able:			
(Principal office address MUST BE A STREET A				
				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)			
D. K			0.2	
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		ia, enter the name o	or the	
Name of New Registered Agent				
Name of New Registered Agent				
	(Florida street address)			
N 5 1 100 11	(1 ioniaa an act maar coo)	****		
New Registered Office Address:	(City)	, Florida	(Zip Code)	
			•	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent:		Cali	
i neveny accept the appointment as registered aget	u. 1 am jumuar wun and acce	7я те өөнданоп s ој	- ше роѕшоп.	
Cionatura	f New Registered Agent, if chan	naina		
อเรานเนาะ บุ	у тем подълетей Адені, у снан	guig		

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	V	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		A	ddress
1) Change	D	FRA	NCISCA MONTERO	1	895 PATRIOT WAY
Add				S	AINT CLOUD FL 34769
Remove				_	
2) Change		<u></u>		_	
Add					
Remove				_	
3) Change	_				
Add					*** ** ** ** ** ** ** ** ** ** ** ** **
Remove				_	
4) Change					
Add					
Remove				_	
5) Change				_	
Add					
Remove				_	
Character of the control of the cont					
6) Change					
Add				_	
Remove					

(Attach addition	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)
	•
	The state of the s
	•
TC	
nrovisions for	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself:
(if not app	licable, indicate N/A)
	

The date of each amendment(, if other than the	
date this document was signed.	•	
Effective date if applicable:	10/03/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated_10/03	3/2014	
Signature	Francisca Montero D.D.V.	
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	FRANCISCA MONTERO	
	(Typed or printed name of person signing)	_
	DIRECTOR	
	(Title of person signing)	