P1500001765

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DORAL CAY SUPPLY INC					
DOCUMENT NUM	DICOCOCCACC				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	NINOTCHKA HECHT				
		Name of Contact Persor	1		
	FAST FILING SERVICES L	LLC			
	10450 NW 33RD ST STE 30	Firm/ Company			
		Address			
	DORAL FL 33172				
		City/ State and Zip Code			
	fastfilingservices@gmail.com	n			
		sed for future annual report	notification)		
For further information	on concerning this matter, pleas	786	762-2048		
Name	of Contact Person	at (at Coc	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made		·		
\$35 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

DORAL CAY SUPPLY INC

2025 APR -8 PM 4: 56

/Name of Corporation as current	ly filed with the Florida Dept. of State), 1999		
P15000001765	TALLE ALLASSE STAT		
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
MEDICAL DIAGNOSTIC INC	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.	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10411 BUTTERFLY WING CT		
	RIVERVIEW FL 33578		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10450 NW 33RD ST		
	STE 305		
	DORAL FL 33172		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address N/A Name of New Registered Agent			
(Florida st	reet address)		
New Registered Office Address:	. Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.		
Signature of New 1	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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
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 neces.	ai Articies, entei sary). (Be spec	r cnange(s) here: cific)			
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. If an amendment provides for a	an exchange, rec	lassification, or ca	ncellation of issue	d shares.	
provisions for implementing the	he amendment i	f not contained in	the amendment it	self:	
(if not applicable, indicate i	WA)				
J/A 					
					·
				·	
					

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	3/25/2025	
mappacasic.	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this bedocument's effective date on the D	lock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast afficient for approval.	for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	he following statement amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for appro	val
by		
	(voting group)	
03/25/202 Dated Signature		
(By a c	irector! president or other officer – if directors or off d, by an incorporator – if in the hands of a receiver. ted fiduciary by that fiduciary)	
	MARCO A VARGAS G	
	(Typed or printed name of person signing	g)
	PRESIDENT	
	(Title of person signing)	