

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800278414878

10/26/15--01028--002 \*\*35.00

OCT 28 2015
R. WHITE

5 00T 26 PH 2: 3:

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Medley R	esearch Associates Corp			
DOCUMENT NUMBER: P150000032				
The enclosed Articles of Amendment and fee are				
Please return all correspondence concerning this r	matter to the following:			
Deivys E. Alvar	ez			
	Name of Contact Person			
Medley Researc	ch Associates Corp			
	Firm/ Company			
7911 NW 72nd Ave Ste 109A-B				
	Address			
Medley FL 3316	36			
	City/ State and Zip Code `,			
	•			
E-mail address: (to be	used for future annual report notification)			
For further information concerning this matter, pl	ease call:			
Deivys E. Alvarez	at (786 ) 547-5134  Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:			
■ \$35 Filing Fee	5			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
	<u> </u>			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building  2661 Executive Center Circle			

Tallahassee, FL 32301



## Articles of Amendment **Articles of Incorporation**

## MEDELY RESEARCH ASSOCIATES CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P15000003267

(Document Number of Corporation (if known)

lment(s) to

/A	orporation:	
ne must be distinguishable and contain the wor orp.," "Inc.," or Co.," or the designation "Corp rd "chartered." "professional association," or the	""Inc." or "Co". A professional	
Inter new principal office address, if applicable acipal office address <u>MUST BE A STREET ADI</u>		***
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		the name of the
ew registered agent and/or the new registered		the name of the
f amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent	office address:	the name of the

## 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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u></u>	MERCEDES PEREIRA	7911 NW 72nd AVE
Add			STE 109A-B
Remove			MEDLEY FL 33166
2) Change	<u> </u>		
Add			· .
Remove			****
3 ) Change			
∧dd			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

<ul> <li>If amending or adding additional Arti (Attach additional sheets, if necessary).</li> </ul>	(Be specific)	<del></del>		
/A				
<del></del>			<del></del>	<del></del>
				<del></del>
<del></del>	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·		
		٠		
	<del></del>			
If an amendment provides for an exch	ange, reclassificati	on, or cancellatio	n of issued sha	res,
provisions for implementing the ame	ndment if not cont	ined in the amen	dment itself:	
(if not applicable, indicate N/A)				
/A				
	<del></del>			
		·		
			<del></del>	· · · · · · · · · · · · · · · · · · ·
	<del></del>			
	· · ·			
		1		

date this document was signed.	, auopiion.	If other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	0-20-2015	
Signature	Alexander of the second of the	<del></del>
	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	DEIVYS E. ALVAREZ	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	<del>_</del> _
	(Title of person signing)	