P1500000 4388

Office Use Only



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02/02/15--01030--016 **35.00



DR 2/4/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: INNOVA-E BER: P1500000438	MS INC 38		
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	HUMBERTO GO	NZALEZ		
		Name of Contact Person	1	
	RAPID INCOME	TAX CORP		
,		Firm/ Company		
	11300 NW 87 CT	Γ STE 150		
		Address		
	HIALEAH GARD	ENS, FL 33018		
		City/ State and Zip Cod	e	
, RA	PIDINCOMETAX	ES@YAHOO.Co	OM	
`	E-mail address: (to be u	sed for future annual report	notification)	
¥.				
For further information	n concerning this matter, plea	se call:		
HUMBERTO	GONZALEZ	at (305	826-6643	
Name of Contact Person			Area Code & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment of State:	
🕮 \$35 Filing Fee	নি843.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	Els52.53 Filing Fee Certificate of Status Certified Copy	

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

(Additional Copy is enclosed)

Articles of Amendment

to Articles of Incorporation

oi -

INNOVA-EMS INC

FILED

INNOVA-EMS INC		ren 2 PM 4: 36
(Name of Corporation as current)	ly filed with the Florida Bept	of State FEB - 2 PM 4: 36
P15000004388		SECRETARY OF STATE
(Document Number	er of Corporation (if known)	MACLAHASSEC LUSSES
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
INNOVA EMS INC		The new
name must be distinguishable and contain the value of the designation "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "Co". A pro	
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A		
	.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)	
	20.0	
		
	A	
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		da, enter the name of the
Name of New Registered Agent		
***************************************	(Florida street address)	
New Registered Office Address:		. Florida
NOW NEGATION OF THE TRANSPORT	(City)	(Zip Code)
New Registered Agent's Signature, if changing l		
I hereby accept the appointment as registered agen	nt. I am familiar with and acc	ept the obligations of the position.
Signatura co	A Now Registered Agent if the	wicz i wie

address of each Officer (Attach additional sheets Please note the officer/dip = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or [] i, if necessivector title President Chief I cr, Directed in the fo	sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director, TR= Tr Financial Officer. If an officer/director holds more t or would be PTD. llowing manner. Currently John Doe is listed as the l	rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
Mike Jones, V as Remove		orporation, Sally Smith is named the V and S. These s ly Smith, SV as an Add.	should be noted as John Doe, PT as a Change,
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)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
υ Π σι			
5) Change			
Add Remove			
L_1 Kemove			

Change

Add

Remove

(Attach addit	or adding addional sheets, if n	necessary)	(Re specific)	ngers, here.			
(Attach dada	ionai sneeis, ij n	iccessury).	(De specijic)				
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				· · · · · · · · · · · · · · · · · · ·			
							
 							
-			•				
If an amend	ment provides	for an excha	nge, reclassif	ication, or car	cellation of is	sued shares,	
provisions	for implementi	ng the amen	<u>dment if not c</u>	ontained in th	<u>ne amendmen</u>	t itself:	
(ij noi i	applicable, indic	cate N/A)					
	<u></u>						

¢

	. 01/28/2015	
The date of each amendment(s) date this document was signed.	adoption: O1720/2010	, if other than the
Effective date if applicable:	1-8-15	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) 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 ca	ast for the amendment(s) v/as/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated_01/28/	/2015	
Signature	Mahun Que	
(By a selec	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 binted fiduciary by that fiduciary)	_
	NOHORA ORTEGON (Typed or printed name of person signing)	-
	PRESIDENT Presidet	
	(Title of person signing)	