P150000088423

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2017 APR -3 PM 1: 39

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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Citrin Medical Corp DOCUMENT NUMBER: P15000028423 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Loretta Valero-Smith Name of Contact Person AWS Bookkeeping & Accounting Inc. Firm/ Company 2061 NW 2nd Ave Suite 203 Address Boca Raton, FL 33431 City/ State and Zip Code awsbkpg@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 394-0980 Area Code & Daytime Telephone Number Loretta Valero-Smith Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATIONS

Citrin Medical Corp

2017 APR -3 PM 1:40

(Name of Company)		
(Name of Corporation as curren	itly filed with the Florida Dept. of State)	
P15000028423		
(Document Number	of Corporation (if known)	
arsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s	
. If amending name, enter the new name of the corporation:		
ume must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
Enter new principal office address, if applicable:	6699 N Federal Hwy	
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 200	
	Boca Raton, FL 33487	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6699 N Federal Hwy	
· · · · · · · · · · · · · · · · · · ·	Suite 200	
	Boca Raton, FL 33487	
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	dress in Florida, enter the name of the ss:	
new registered agent and/or the new registered office address	dress in Florida, enter the name of the ss:	
new registered agent and/or the new registered office address	ss:	
new registered agent and/or the new registered office address Name of New Registered Agent	ss:	
new registered agent and/or the new registered office address Name of New Registered Agent	SS:	

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	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PD	Citrin, Max	6699 N Federal Hwy
Add			Suite 200
Remove			Boca Raton, FL 33487
2) Change		NAME OF GROOM	
Add			
Remove			- 444
3) Change			
Add		•	
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if pecessary). (Be specific)
ADD EIN # 47-3594024
ADD EIN # 47-3594024
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(i) not apprease, material to A)

•	03/20/2017
The date of each amendment	(s) adoption:, if other than
date this document was signed	•
	03/20/2017
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on t	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we by the shareholders was/w	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
☐ The amendment(s) was/we must be separately provide	c approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
· · · · · ·	(voting group)
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	2017
	y a director, president or other officer - if directors or officers have not been
	elected, by an incorporator - if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	Max L Citrin DO
	(Typed or printed name of person signing)
	President
	(Title of person signing)