

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

7/1/20
10:00 AM

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
GRAND MEDICAL, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

2020 JUL - 8 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FL

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July 8, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GRAND MEDICAL, CORP.
1666 KENNEDY CAUSEWAY
409
NORTH BAY VILLAGE, FL 33141

SUBJECT: GRAND MEDICAL, CORP.
REF: P15000092938

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H20000212565
Letter Number: 520A00013253

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GRAND MEDICAL, CORP.

DOCUMENT NUMBER: P15000092938

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROMAN ALEXANDR VELIKIY

Name of Contact Person

GRAND MEDICAL, CORP.

Firm/ Company

253 NE 2nd St #1602

Address

Miami, FL 33132

City/ State and Zip Code

roman@grandmedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMAN ALEXANDR VELIKIY

Name of Contact Person

at (212)

235-1082

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Grand Medical, Corp.

PI5000092938 (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

690 SW 1ST CT, PHI II

MIAMI, FL 33130

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

690 SW 1ST CT, PHI II

MIAMI, FL 33130

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent ROMAN ALEXANDER VELIKIY

690 SW 1ST CT, PHI II

(Florida street address)

New Registered Office Address: MIAMI

(City)

Florida

33130
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Roman Veliky
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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DIVISION OF CORPORATE
REGISTRATION

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>ROMAN A. VELIKIY</u>	<u>690 SW 1ST CT, PH11</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33130</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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TALLAHASSEE, FL

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)

The date of each amendment(s) adoption: _____ if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

Dated 07/01/2020

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ROMAN ALEXANDER VELIKY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FL

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2/3/2020 2:12 PM FILED FOR RECORD

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT IN AND
FOR MIAMI-DADE COUNTY, FLORIDA

IN RE: CHANGE OF NAME
OF:

Roman Shteyman
Petitioner.

FAMILY DIVISION

CASE NO. 2019-024909-FC-04

Section: 02

FINAL JUDGMENT OF CHANGE OF
NAME (ADULT)

THIS CAUSE was heard on the Petition for Change of Name, and the Court having heard the testimony of the Petitioner, and being fully informed in the Premises, it is

ADJUDGED that said Petition hereby is granted, and Roman Shteyman hereafter shall be known by the name of Roman Alexander Velikly and it is further

ADJUDGED that the Clerk of the Court hereby is directed to report this Final Judgment for Change of Name to the Department of Rehabilitative Services of the State of Florida.

DONE and ORDERED in Chambers at Miami-Dade County, Florida, on this the 3rd day of January, 2020

S. Click
OSCAR RODRIGUEZ-FONTS
CIRCUIT COURT JUDGE

STACY B. CLICK
CIRCUIT COURT JUDGE

STATE OF FLORIDA, COUNTY OF MIAMI-DADE
I HEREBY CERTIFY that the foregoing is a true and correct copy of the
original on file in this office. 2/3/20 AD 20
HARVEY NUNES, Clerk of Circuit and County Courts
Deputy Clerk *W. Aikens*



WHITNEY AIKENS 2-24-20