P150000 95007

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MAY 1 3 2016

C LEWIS

COVER LETTER

TO: Amendment Section

Division of Co	rporations		
NAME OF CORPO	ORATION: MNAD MEDICAL	L, INC.	
DOCUMENT NUM	MBER: P15000095007		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	MARIO GHANTOUS ASSA	AAD	
		Name of Contact Persor	1
	MNAD MEDICAL, INC.		
		Firm/ Company	
	14620 SAILFISH DRIVE		
		Address	
	CORAL GABLES, FL 3315	8	
		City/ State and Zip Code	
ma	rio.assaad@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
RICHARD F. PUE	RTO, CPA	at (305	934-4319
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment 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)
	lailing Address		Address
	mendment Section		ment Section
	ivision of Corporations O. Box 6327		n of Corporations
F.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



16 MAY 11 PM 1: 26

(14ame of Corporation as currently	Theo with the Florida Dept. of State
P15000095007	
(Document Number 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:	
N/A name must be distinguishable and contain the word "corporation"	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Gword "chartered," "professional association," or the abbreviation "	
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A

new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

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

	(Florida street address)		_
New Registered Office Address:		, Florida	
	(City)	(Zit	Code)

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

MNAD MEDICAL, INC.

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

Signature of New Registered Agent, if changing

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	<u>v</u>	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	P	MARIO GHANTOUS ASSAAD	14620 SAILFISH DRIVE
X Add			CORAL GABLES, FL 33158
Remove			
2) Change	<u> </u>		
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	· · · · ·		
Add			
Remove			

(Attach a	aing or adding add additional sheets, if	ditional Articles, enter c necessary). (Be specifi	hange(s) here:		
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<u>provisi</u>	nendment provides ons for implement not applicable, indi	s for an exchange, reclasing the amendment if no icate N/A)	sification, or cance ot contained in the	ellation of issued sha amendment itself:	res,
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Ph. J.4. of	3/1/2016		20 .1 .1
The date of each amendment(s) late this document was signed.	adoption:	, . .	rilled, if other than
, ,	1/2016		SECRETARY OF SHATE DIVISION OF CORPORATIONS
Effective date <u>if applicable</u> :		· · · · · · · · · · · · · · · · · · ·	
	(no more th	an 90 days after amendment file date) 16 MAY PM : 26
Note: If the date inserted in this locument's effective date on the I		applicable statutory filing requirement ds.	s, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were a by the shareholders was/were		The number of votes cast for the ame	endment(s)
		s through voting groups. The followined to vote separately on the amendmen	
"The number of votes car	st for the amendment(s) was	s/were sufficient for approval	
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
action was not required.		ctors without shareholder action and sl	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators	without shareholder action and shareh	holder
Dated	5/04/2016 Mario		
Signature	······		
		officer – if directors or officers have in the hands of a receiver, trustee, or of	
	inted fiduciary by that fiduc		other court
appo	7		
	MARIO GHANTOUS A	ASSAAD	
	(Typed or pri	nted name of person signing)	
	PRESIDENT		
	T)	Fitle of person signing)	· · · · · · · · · · · · · · · · · · ·