P160000 46038

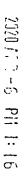
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: YMC CONSULTING In C.
DOCUMENT NUMBER: PIGOCOC 96036
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Comming 5 Name of Contact Person
Name of Contact Person
Firm/ Company
8911 Sondy Plains Dr.
Riverview FL 33578 City/State and Zip Code
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Commings at (\$13) 789-2889. Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy Certified Copy Certified Copy Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

YMC Consulting Inc	ntly filed with the Florida Dept. of State)
(Name of Corporation as curren	ttly filed with the Florida Dept. of State)
<u> P16000046038</u>	
(Document Number	of Corporation (if known)
tursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
If amending name, enter the new name of the corporation:	
GM Medi Inc	The now
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
. Enter new principal office address, if applicable:	8911 Sandy Plains Dr.
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Riverview /FL 133578
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	•
. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent Michael	ummings
8911 Sonds	theel address) Dr. Riverview FL 335:
(l·lorida si	(City), Florida 33578

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.

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.

* 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)

Example:

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.

X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	1.0	<u>Addres</u> s
1) Change		_	<i>Y_I</i> +	
Add				
Remove				
2) Change		- /		
Add	,			<u>/.</u>
Remove Change				
Add				/
Remove				/
4) Change			/	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
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Remove				

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<u>If an amendi</u>	nent provides for an or implementing the	<u>exchange, recla</u>	ssification, or car	ncellation of issue	ed shares,	
(if not a	or implementing the oplicable, indicate N	e amendment if n /4)	ot contained in t	he amendment it	seif:	
	maicule in	(A)				
N/A						
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The date of each date this docume	n amendment(s) adoption: MA	, if other than the
	(no more than 90 days after amendment file day	
	(no more than 90 days after amendment file day	te)
Note: If the dat document's effect	e inserted in this block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Am	nendment(s) (CHECK ONE)	
The amendme	ent(s) was/were adopted by the incorporators, or board of directors without share of required.	eholder action and shareholder
	ent(s) was/were adopted by the shareholders. The number of votes cast for the a nolders was/were sufficient for approval.	amendment(s)
must be sepa	ent(s) was/were approved by the shareholders through voting groups. The follow trately provided for each voting group entitled to vote separately on the amendments.	
"The m	umber of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	Dated 4/3/20	
	Signature (By a director, president or other officer – if directors or officers have	ve not been
	selected, by an incorporator—if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	or other court
	Michael Cumminas (Typed or printed name of person signing)	
	Prosidon + (Title of region signing)	<u> </u>