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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:MEDI	CIS ADVANCE CORPO	RATION		
DOCUMENT NUMBI	P16000081237				
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.			
	ondence concerning this mat				
	J				
_		Jesus Correa			
	MEDI	Name of Contact Perso CIS ADVANCE CORPOR			
_	MDDI	Firm/ Company			
	30	000 CORAL WAY, APT.	1212		
_		Address			
		MIAMI, FLORIDA 3314	45		
		City/ State and Zip Cod	le		
		luisvera@bellsouth.ne	t		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
	-				
	esus Correa	at (de & Daytime Telephone Number		
Name of	f Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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)		
Amer Divis P.O.	ing Address Indment Section Indicate the Address Indicate the Indicate th	Amen Divisi Clifto 2661	Address dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

MEDICIS ADVANCE CORPORATION

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)		
	P1600	0081237			
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the f	ollowing an	nendm	ent(s) to
A. <u>If amending name, enter the new na</u> N/A	me of the corporation:				
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" of "Co". A professional corporation nam "P.A."	The abbree must cont	viatio:	n
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		3000 CORAL WAY, APT. 1212			
		MIAMI, FLORIDA 33145			
			Σø,		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3000 CORAL WAY, APT. 1212	LLAII/ ECKEI	7 MAY	<u> </u>
		MIAMI, FLORIDA 33145		22	1
				⊒K	
		0		വ പ്	
D. If amending the registered agent an new registered agent and/or the new			- 37	9	
Name of New Registered Agent	N/A	_			
Nume by New Negwierea Agent					
	(Florida s	treet address)			
New Registered Office Address:	N/A	. Florida			
		(City)	(Zip Code	2)	
New Registered Agent's Signature, if c		nt: r with and accept the obligations of the po	esition		
nereby decept the appointment as regist	егей идет. Тит јитици	with and accept the boulgations of the po	зиюн.		
	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>	Name	<u>Addres</u> s
1) Change	N/A	N/A	N/A
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

•	<pre>cles, enter change(s) here: (Be specific)</pre>		
N/A			
-			
			
			
	-		-
	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	
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If an amandmant provides for an arch			
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. If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or c adment if not contained in	ancellation of issued shar the amendment itself:	<u>es,</u>
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	05/15/2017		
The date of each amendment(s) a date this document was signed.	idoption:	_, if othe	r than the
	(15/2017		
Effective date if applicable:	(no more than 90 days after amendment file date)		_
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be lis	ted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.		
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):		
	t for the amendment(s) was/were sufficient for approval		
by	(voting group)		
•	(voting group)		
	opted by the board of directors without shareholder action and shareholder	17 MAY	1)
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	22 PH	
05/15/201 Dated	7 About of	4 5: 59	O
Signature		_	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court often fiduciary by that fiduciary)		
	Luis Vera		
	(Typed or printed name of person signing)		-
	Incorporator		
	(Title of person signing)		-

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