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## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Medical Evolutions 1 INC.  DOCUMENT NUMBER: P16000096775				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Alfredo Cortes  Name of Contact Person  Medical Evolutions I Inc.  Firm/ Company  7750 Olkechobee Blvd. # 4-53   Address  West Palm Beach, Florida 3341   City/ State and Zip Code  Alfredo, Cemedical evolutions I inc. com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
At Fredo Corres  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:				
S35 Filing Fee Certificate of Status S43.75 Filing Fee Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently file	g with the Fiorida Dept. of State	:)	
P16000096775	<u> </u>		
(Document Number of Corp	poration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	da Profit Corporation adopts the	following amend	ment(s)
A. If amending name, enter the new name of the corporation:	NA	The n	<i>p</i> w
name must be distinguishable and contain the word "corporation," " "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A."	A professional corporation nam	r the abbreviat	ion
3. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )			_
	NA		_ _
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<del></del>
		100 A	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	n Florida, enter the name of the	2 PM 高高温	CO
Name of New Registered Agent	NA	- 080 - 190 - 190	
	, .		
(Florida street ac	ldress)	<u>-</u>	
	ddress) Florida	(Zip Code)	_

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)

1000

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> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	CED	Airredo Corres	7750 Oxeechobee Blud  + 4-531
Add	( TO CE	y President to be changed )	# 4-531 West Palm Beach, FL. 3341
Remove 2) Change Add	CFO	Olga Muñoz	7750 Okeechobee Blva # 4-531
Remove			West falm Black, FL. 3341
3 ) Change			
Add			
4) Change			
Add Remove			
5)Change			
Add			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	~/A
<del></del>	
f an amandment provides for an eve	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del></del>	
	1
<del></del>	n/ A

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Afredo Corres & Olga MUND 3	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/30/19 Signature	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co	
appointed fiduciary by that fiduciary)	· Cit
A, Fredo Corses (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	

. . . .