

P16000098552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

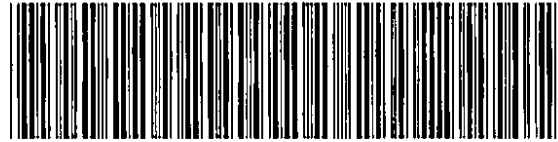
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

611-



100315583301

07/10/18--01016--018 \*\*43.75

FILED

2018 AUG 17 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

AUG 20 2018

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ATREK SURGICAL INSTRUMENT CORP.

DOCUMENT NUMBER: P16000098552

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

Please return all correspondence concerning this matter to the following:

Alberto Mora

Name of Contact Person

ATREK SURGICAL INSTRUMENT CORP.

Firm/ Company

5331 AIRPORT PULLING RD N # 114

Address

NAPLES, FL 34109

City/ State and Zip Code

SALES@ATREKSURGICAL.COM

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

For further information concerning this matter, please call:

ALBERTO MORA at ( 239 ) 6759363  
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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2018

ALBERTO MORA  
5331 AIRPORT PULLING ROAD N #114  
NAPLES, FL 34109

SUBJECT: ATREK SURGICAL INSTRUMENT CORP.  
Ref. Number: P16000098552

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 118A00014297

RECEIVED  
13 AUG 2018 5:12  
SECRET  
CLARETHA GOLDEN  
STATE OF FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**FILED**

**2018 AUG 17 PM 12:55**

ATREK SURGICAL INSTRUMENT CORP.

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

P16000098552

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FL

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:**

ATREK 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 ALBERTO MORA  
5331 AIRPORT PULLING RD N # 114  
(Florida street address)

New Registered Office Address: NAPLES, Florida 34109  
(City) (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.*



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                      PT      John Doe

X Remove                    V      Mike Jones

X Add                        SV      Sally Smith

| <u>Type of Action</u><br>(Check One) | <u>Title</u> | <u>Name</u>         | <u>Address</u>                     |
|--------------------------------------|--------------|---------------------|------------------------------------|
| 1) <u>    </u> Change                | <u>P</u>     | <u>ERIK CARDERO</u> | <u>5331 AIRPORT PULLING RD N #</u> |
| <u>    </u> Add                      |              |                     | <u>NAPLES FLORIDA 34109</u>        |
| <u>  x  </u> Remove                  |              |                     |                                    |
| 2) <u>    </u> Change                | <u>P</u>     | <u>ALBERTO MORA</u> | <u>5331 AIRPORT PULLING RD N #</u> |
| <u>  X  </u> Add                     |              |                     | <u>NAPLES FLORIDA 34109</u>        |
| <u>    </u> Remove                   |              |                     |                                    |
| 3 ) <u>    </u> Change               | <u>    </u>  | <u>    </u>         | <u>    </u>                        |
| <u>    </u> Add                      |              |                     | <u>    </u>                        |
| <u>    </u> Remove                   |              |                     | <u>    </u>                        |
| 4) <u>    </u> Change                | <u>    </u>  | <u>    </u>         | <u>    </u>                        |
| <u>    </u> Add                      |              |                     | <u>    </u>                        |
| <u>    </u> Remove                   |              |                     | <u>    </u>                        |
| 5) <u>    </u> Change                | <u>    </u>  | <u>    </u>         | <u>    </u>                        |
| <u>    </u> Add                      |              |                     | <u>    </u>                        |
| <u>    </u> Remove                   |              |                     | <u>    </u>                        |
| 6) <u>    </u> Change                | <u>    </u>  | <u>    </u>         | <u>    </u>                        |
| <u>    </u> Add                      |              |                     | <u>    </u>                        |
| <u>    </u> Remove                   |              |                     | <u>    </u>                        |

(Attach additional sheets, if necessary). (Be specific)

(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 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)

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

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

07/03/2018  
Dated \_\_\_\_\_

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)

ALBERTO MORA

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)