

P17000008407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

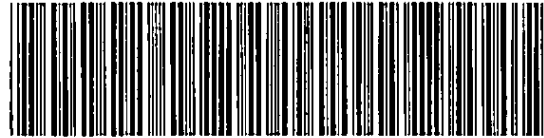
(Business Entity Name)

(Document Number)

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S TALLENT  
JAN 09 2018

FILED  
18 JAN -4 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Amend*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 22, 2017

ROBERTO J ORTIZ  
WERMUTH PANELL ORTIZ, PLLC  
8750 NW 36TH STREET, SUITE 425  
DORAL, FL 33178

SUBJECT: Q9 MEDICAL CORP  
Ref. Number: P17000008407

We have received your document for Q9 MEDICAL CORP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 217A00025944

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18 JAN -4 PM 2:36

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Q9 Medical Corp

DOCUMENT NUMBER: P17000008407

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

Please return all correspondence concerning this matter to the following:

Roberto J Ortiz  
Name of Contact Person  
Wermuth Panell Ortiz, PLLC  
Firm's Company  
8750 NW 36th Street, Suite 425  
Address  
Doral, FL 33178  
City, State and Zip Code

roberto@wpolaw.com  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto J Ortiz, Esq. at 305 400-2210  
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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy 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  
2601 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
DIVISION OF CORPORATIONS  
JAN 11 2007  
17:53:20 PM

Articles of Amendment  
to  
Articles of Incorporation  
of

Q9 Medical Corp

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

P17000008407

(Document Number of Corporation (if known))

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:**

\_\_\_\_\_ 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)

18 JAN -4 PM 4:23  
DEPT OF STATE  
CORPORATION  
DIVISION

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

(Mailing address MAY BE A POST OFFICE BOX)

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**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 \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
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 P/T 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:

☒ Change                      PT        John Doe

☐ Remove                      V        Mike Jones

☐ Add                              SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>PT,VP</u>	<u>Rovero, Jesus R</u>	<u>10794 NW 53 Street</u>
<input type="checkbox"/> Add			<u>Sunrise, FL 33351</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Saracino, Gaetano</u>	<u>19168 Crystal Street</u>
<input type="checkbox"/> Add			<u>Weston, FL 33332</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP</u>	<u>Nunes, Claudio</u>	<u>2893 Executive Park Drive</u>
<input type="checkbox"/> Add			<u>Suite 302</u>
<input checked="" type="checkbox"/> Remove			<u>Weston FL 33331</u>
4) <input type="checkbox"/> Change	<u>S</u>	<u>Saracino, Simone</u>	<u>19168 Crystal Street</u>
<input type="checkbox"/> Add			<u>Weston, FL 33332</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>S</u>	<u>Rovero, Eris</u>	<u>10794 NW 53 Street</u>
<input checked="" type="checkbox"/> Add			<u>Sunrise, FL 33351</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**F. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets if necessary) (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(If not applicable, indicate N/A)

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December 14, 2017

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

December 14, 2017

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

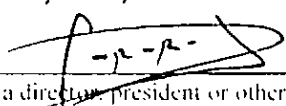
by \_\_\_\_\_,"  
*(voting group)*

☐ 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.

Dated 12/15/17

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)

Jesus R. Rovero

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

President

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