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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Panama Medical Exports, Inc. DOCUMENT NUMBER: PITODO012481

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

Please return all correspondence concerning this matter to the following:

Fortunata Espinoza Name of Contact Person Achieve Conoup, LLC Firm/Company 2385 UN Executive Center Dr #100 Address Proc Raton, FL 33431 City State and Zip Code

<u>E-mail address: (to be used for juture annual report dotification)</u>

For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ \$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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

· ·		
	Articles of Amendment	
	to Articles of Incorporation	FILED
	of	
<u>tanama Medi</u>	CCU Exports, Ir	C. MH 001 26 1-12:41
	poration as currently filed with the Flork $> 1 2481$	SECREGARY OF STAGE
	<u>ントマークト</u> Document Number of Corporation (if know	FALLAHASSEE.FLOMDA
rsuant to the provisions of section 607,1006, I Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corpor</i>	ation adopts the following amendment(s)
If amending name, enter the new name of	the corporation:	
		The new
ame must be distinguishable and contain th Corp.," "Inc.," or Co.," or the designation ord "chartered," "projessional association,"	"Corp." "Inc," or "Co". A professional	
Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>		
Theiput Office address <u>brost br. A Street.</u>	<u></u>	· · · · · · · · · · · · · · · · · · ·
. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>		
 If amending the registered agent and/or r new registered agent and/or the new registered. 		the name of the
Name of New Registered Agent		
Name of New Reconcred Acen		
	(Florida street address)	
New Registered Office Address:		Florida
		(Zip Code)
ew Registered Agent's Signature, if changing	ve Dogistorod Agont:	
hereby accept the appointment as registered a		ligations 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:

tAttach additional sheets, if necessary)

. .

Please note the officer-director title by the first letter of the office title.

P = President; V = Vice President; V = 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.

Mike Jones, V as Remo	ve, and Sally Sm	uth, SV as an Add.	
Example: <u>X</u> Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V Mik</u>	<u>se Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Sec	Williams	<u>2385 NU Exective</u> Center Suite 100 Drive
			Boca Ratur, FL 33431
2) Change			
Add			
Remove			
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove		11. ··· 2 6.4	
		Page 2 of 4	

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, g^{*}necessary), (Be specific)

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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The date of each amendment(s) adoption:	, if other than th
late this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date locument's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
, he amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) vby 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 10 9 2017-	
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)	
hayonda williams	
(Typed or printed name of person signing)	
Secr.	
(Title of person signing)	