P17000043333

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	<u>.</u>
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Infection Control S	Services of America, Inc	
	UMBER: P17000043333		
The enclosed Arti	icles of Amendment and fee are su	ibmitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
	Patricia Marcolongo		
		Name of Contact Perso	n
	Infection Control Service sof	America, Inc	
		Firm/ Company	<u> </u>
	2314 SW 17th Place #103		
	 	Address	<u> </u>
	Cape Coral, FL 33991		
		City/ State and Zip Cod	le
	info@icsofamerica.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	ation concerning this matter, pleas	se call:	
Patricia A. Marcolongo		at (²¹⁵	_) 667-7564
Na	me of Contact Person		de & Daytime Telephone Number
Enclosed is a chec	k 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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Infection Control Services of America, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000043333 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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 (Florida street address) New Registered Office Address: , Florida (City)

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.

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)

Example:

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.

X Change	PT	John Do	<u>>e</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones	
\underline{X} Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	_	Natan Simon	2840 Yellow Creek Loop #213
X Add				Cape Coral, FL33909
Remove				
2) Change		_		
Add				
Remove Change				
Add				
Remove				
4) Change		_		
Add				-
Remove				
5) Change		_	1000	
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6) Change		_		
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if an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued sha	res,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	res,
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	res,
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	res,
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	N/A
The date of each amendment(s)	adoption:, if other than
date this document was signed.	
N.	4
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were a must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes ca	t for the amendment(s) was/were sufficient for approval
	. for the amendment(s) was were sufficient for approval
by N/A	n
	(voting group)
DatedSignature(By a	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
appoi	tted fiduciary by that fiduciary)
	Steven Clamper
	(Typed or printed name of person signing)
	President/Agent
	(Title of person signing)