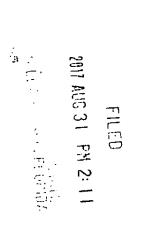
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: T & T MEDIC	AL SUPPLIES, INC
DOCUMENT NUMBER: P17000064529	
The enclosed Articles of Amendment and fee ar	 e submitted for filing.
Please return all correspondence concerning this	matter to the following:
	TREPHENE BROWN
	Name of Contact Person
	T & T MEDICAL SUPPLIES, INC
	Firm/ Company
12	39 E NEWPORT CENTER DRIVE STE 105
	Address
	DEERFIELD BEACH, FL 33442
	City/ State and Zip Code
	admin@pharmacydme.com
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	ll llase call:
TREPHENE BROWN	at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	 de payable to the Florida Department of State:
□ \$35 Filing Fee	11
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

Articles of Amendment to Articles of Incorporation of

FILED

TI& T MEDICAL SUPPLIES, INC.

2017 AUS 31 PM 2: 11

	<u> </u>	
(Name of C	orporation as currently filed with the Florida Dept. of	State)
	P17000064529	TO SELFLOR
	(Document Number of Corporation (if known)	, , ,
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:		the following amendment(s) to
A. If amending name, enter the new name	 of the corporation: 	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association,	the word "corporation," "company," or "incorporate n "Corp," "Inc," or "Co". A professional corporation or the abbreviation "P.A."	The new d" or the abbreviation name must contain the
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new re	registered office address in Florida, enter the name of	[the
	(Florida street address)	
New Registered Office Address:	. Flo	orida (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	ging Registered Agent: Hagent. I am familiar with and accept the obligations of	the position.
	Signature of New Registered Agent, if changing	

address of each Officer at (Attach additional sheets, Please note the officer/dit P = President; V = Vice of Executive Officer; CFO sheld. President, Treasure Changes should be noted a change, Mike Jones lead Mike Jones, V as Remove	and/or D if necess rector titl President = Chief I r, Directa l in the fo	prector being added: sary) by the first letter of the office title: the Teasurer; S= Secretary; D= Di Financial Officer. If an officer/director or would be PTD. thowing manner. Currently John Doe to orporation, Sally Smith is named the P	f each officer/director being removed and title, name, and rector: TR= Trustee; C = Chairman or Clerk; CEO = Chief or holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is I and S. These should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	JHODI BRYAN	1239 E NEWPORT CENTER DR
Add			STE 105
x Remove			DEERFIELD BEACH, FL 33442
2) Change	P	 TREPHENE BROWN	1239 E NEWPORT CENTER DR
X Add			STE 105
Remove			DEERFIELD BEACH, FL 33442
3) Change			
Add			
Remove			
4) Change			
Add Remove			
5} Change			
Add			
Remove			
6) Change		_	
Add			

____ Remove

. If amending or adding additional Articles,	enter change(s) here:
(Attach additional sheets, if necessary). (B	e specific)
-	
	<u> </u>
_	
If we want descript overtides for an exchange	e, reclassification, or cancellation of issued shares,
provisions for implementing the amendo	ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
	11

	08/30/2017	
The date of each amendment(s) adoption: 1! date this document was signed.		, if other than the
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 document's effective date on the Department of S	pt meet the applicable statutory filing requirements, thi State's records.	is date will not be listed as the
Adoption of Amendment(s) (CH)	ECK ONE)	
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	hareholders. The number of votes east for the amendm pproval.	ent(s)
	shareholders through voting groups. The following state group entitled to vote separately on the amendment(s):	lement
"The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by	ing group)	
(von	ing group) 	
☐ The amendment(s) was/were adopted by the baction was not required.	 	oolder
The amendment(s) was/were adopted by the in action was not required.	 ncorporators without shareholder action and shareholde 	ır
Dated 83017		
Signature	holden	
	dent or other officer - if directors or officers have not b	
selected, by an inco- appointed tiduotary	rporator – if in the hands of a receiver, trustee, or other by that fiduciary)	court
	JHODI BRYAN	
Dies	Typed or printed name of person signing)	
	(Title of person signing)	