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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Gionis	Emergency Medical (Group
DOCUMENT NUMBER:	P1800004398	33	
The enclosed Articles of Amend	<i>ment</i> and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
		Sonia Becerr	a
		Name of Contact Person	n
		Swyft Filings	,
		Firm/ Company	
	12	605 East Freeway	Suite 540
	· · · · · · · · · · · · · · · · · · ·	Address	
•		Houston, Texas 7	7015
		City/ State and Zip Cod	e
	fi	ings@swyftfilings.d	com
E-ma	nil address: (to be us	sed for future annual report	notification)
For further information concerni	ng this matter, pleas	se call:	
Sonia Becerra		at (877	_) <u>777-0450</u>
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made	payable to the Florida Depa	artment of State:
	3.75 Filing Fee & rtificate of Status	□\$43.75 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		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

GIONIS EM	ERGENCY MEDICAL GROU	UP
(Name of Corporati	on as currently filed with the Flor	ida Dept. of State)
	P18000043983	
(Docum	nent Number of Corporation (if know	wn)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corpo	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
Gio	onis Emergency Medical Gro	oup Inc The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co". A professiona	"incorporated" or the abbreviation il corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	EL DRESS)	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	MAN ES TE LE LE
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter office address:	r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg l hereby accept the appointment as registered agent.		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	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change			
Add			
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6 Characa			
ろ) Change			
Add			
Remove			

	(Be specific)		
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an amendment provides for an excl	ange, reclassification, or ca	ncellation of issued share	res.
	nament u not contamen m	ne amenoment usen.	
provisions for implementing the ame			
provisions for implementing the ame (if not applicable, indicate N/A)			
provisions for implementing the ame			
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provisions for implementing the ame			

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.
Dated5/14/18
Signature Dom A. Fronis 5D
(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)
Thomas A. Gionis JD (Typed or printed name of person signing)
President
(Title of person signing)

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