P180000 44983

(Re	questor's Name)	<u> </u>
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BLOOM USA ON	LINE, INC.		
	BER: P18000044983			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	JOSE L RAMOS			
	·	Name of Contact Person	}	
	PROGRESSIVE ACCOUNTING & CONSULTING SERVICES, INC.			
		Firm/ Company		
	5396-B HOFFNER AVENU	E		
	 	Address		
	ORLANDO, FL 32812			
		City/ State and Zip Code	2	
	SR@PROGRESSIVE-ACCO	DUNTING.COM		
	~	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
JOSE L RAMOS		at (381-0266	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	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)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation \mathbf{of}

RI	.OOM	LISA	ONL	INE	INC

BLOOM USA ONLINE, INC.		
(Name of Corporation as c	currently filed with the Florida Dept. of State)	
P18000044983		
(Document No	lumber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corpora	ation:	
MEDICAL SYSTEM USA, INC.		The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must co	iation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Σ)	~
	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>
C. Enter new mailing address, if applicable:		N
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
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	.	`````
D. If amending the registered agent and/or registered off		
new registered agent and/or the new registered office	address:	
Name of New Registered Agent		
	larida street address)	
New Registered Office Address:	Florida	
	(City)	Zip Code)
N 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	ed Agent: familiar with and accept the obligations of the positi	on,
	, , ,	
Signature o	of New Registered Agent, if changing	
C1 1 1 A 4: 11		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	PT	John Doe	
X Remove	<u>v</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			
Add			
Remove			
2) Change			47-47-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)	
	<u>.</u>
amendment provides for an exchange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	
<u> </u>	
<u> </u>	
	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

07/13/2020 The date of each amendment(s) adoption: , if other than the date this document was signed. 07/13/2020 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 incorporators, or board of directors without shareholder action and shareholder action was not required. 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 (voting group) Dated Signature (By a director, president or other of ficer - 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) RICARDO A DELGADO (Typed or printed name of person signing) DIRECTOR AND PRESIDENT

(Title of person signing)