## P1800089377

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AUG 13 2018 S. YOUNG 18 AUG -9 PH 3: 2 SECRETARY OF STATE ALLAHASSEE FLORING

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	ON: GBA SUMINISTR	OS MEDICOS CORP	
DOCUMENT NUMBER:	P18000059377		
The enclosed Articles of An	nendment and fee are sub	mitted for filing.	
Please return all correspond	ence concerning this matt	er to the following:	
RICA	ARDO DE LA PAZ		
		Name of Contact Person	
RDP	ACCOUNTING SERV	ICES. INC	
		Firm/ Company	
1338	32 SW 128TH ST MIAN	11, FL 33186	
	-	Address	
MIA	MI, FL 33186		
		City/ State and Zip Code	;
RIC@RDF	PACCOUNTINGSERVI	CES.COM	
<del>-</del>		ed for future annual report	notification)
For further information cond	cerning this matter, please		2050470
RDELAPAZ	<u>-</u>	at (	
Name of Co	ntact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	ayable to the Florida Depa	rtment of State;
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
Division o P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## GBA SUMINISTROS MEDICOS CORP

(Name of Corporation	n as currently filed with the Florida D	ept. of State)
P18000059377		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp,' word "chartered," "professional association," or the a	"Inc," or "Co". A professional corp.	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>(ESS</u> )	TAIL TO
		A B
		355 10
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ó	P III
•		The state of the s
		0 2
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		name of the
Name of New Registered Agent		
<del></del>	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I		ions of the position.
Signa	ture of New Registered Agent if changi	•

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	GLORIA D. BARRIENTOS ACOS	888 BISCAYNE BLVD
X Add			SUITE 3706
Remove			MIAMI FL 33132
2) Change	V	MARIA I. BARRIENTOS ACOSTA	888 BISCAYNE BLVD
X Add	_		SUITE 3706
Remove			MIAMI FL 33132
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional s	ding additional Art heets, if necessary).	(Be specific)	C(S) HEIC.			
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f an amendment provisions for in	provides for an exc plementing the am	hange, reclassific	ation, or cancella	<u>ition of issued s</u> aendment itself	<u>hares,</u>	
(if not applica	able, indicate N/A)				<b>=</b>	
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	08/06/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amer sufficient for approval.	ndment(s)
	approved by the sharcholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	older
08/06/2	2018	
DatedSignature	Jan Jan	
sele	a director, president or other officer – if directors or officers have neted, by an incorporator – if in the hands of a receiver, trustee, or oto inted fiduciary by that fiduciary)	
	GLORIA DE JESUS BARRIENTOS ACOSTA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	