## 718000077108

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: $\underline{\hspace{1cm}}$	nergent DME Inc	
DOCUMENT NUMBER: P18	000077108	
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	Sean Alarcon Name of Contact Person	
	Firm/ Company	
	7 Martella Ave	
_	A 11	
<u> </u>	Raton FL. 334-33 City/ State and Zip Code	
	City/ State and Zip Code	
Seane eme E-mail address: (	to becused for future annual report notification)	
For further information concerning this matte	er, please call:	
Sean Alar	on at (561) 312 1424	
Name of Confact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount	made payable to the Florida Department of State:	
\$35 Filing Fee S43.75 Filing F Certificate of S		
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327 The Centre of Tallahasson		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### Articles of Amendment

### Articles of Incorporation

# Emergent DME Inc (Name of Corporation as currently filed with the Florida Dept. of State) P18600071108

nt(s) to

(Document Numbe	er of Corporation (if known)	<del></del> .
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the follo	owing amendmen
A. If amending name, enter the new name of the corporation:	<u>:</u>	
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional corporation name must co	viation "Corp.," intain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>7300 N Federa</u> Ste 101	
	Boca Raton FL :	33487
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office addresses.		
Name of New Registered Agent		
tFlorida	street address)	
New Registered Office Address:	·	
New Registered Office Address.	(Ciny) , Florida	Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		. 2029
		· · ·
Signature of New	v Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (e). F.S.	- · 51
		5: 06

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	<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			
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove 3 ) Remove	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach add	ig or adding additional Ar itional sheets, if necessary).	(Be specific)	(s) nere.		
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F. <u>If an amen</u>	dment provides for an exc	hange, reclassificat	<u>ion, or cancellati</u>	on of issued shares,	
provisions (if not	for implementing the am applicable, indicate N/A)	endment if not cons	tained in the ame	ndment itself:	
(;)	apprentie, materie (1171)				
	<u></u> .	٦.		<del></del>	
	<del></del>		_		
			<del>.</del>	•	

The date of each amendment(s) adoption:date this document was signed.	07/08	12020	, if other than the
Effective date if applicable:	07 08	2020	
(no n	nore inan 90 aays ajier amend	ament fite aate)	
Note: If the date inserted in this block does not mee document's effective date on the Department of State'	et the applicable statutory filist records.	ng requirements, this o	date will not be listed as the
Adoption of Amendment(s) (CHECK	<u>ONE</u> )		
☐ The amendment(s) was/were adopted by the incorp action was not required.	orators, or board of directors	without shareholder ac	tion and shareholder
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv		cast for the amendmen	ı(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group			nent
"The number of votes cast for the amendmen	t(s) was/were sufficient for ap	pprovał	
by			
(voting gre	oup)		
Signature  (By a director, president o selected, by an incorporat appointed fiduciary by the	r other officer – if directors or or – if in the hands of a receivat fiduciary)	r officers have not beer ver, trustee, or other co	n urt
	Sean Alar or printed name of person sign Presider		
(Title o	f person signing)		