P18000091785

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
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(Bo	usiness Entity Name)		
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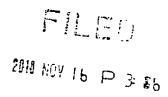


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Joint Medical Equ	iptment Inc.	
	BER:		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Hans Wittig		
		Name of Contact Persor	1
	Joint Medical Equiptment Inc	С.	
		Firm/ Company	
	22676 Lemon Tree Ln.	Time Company	
		Adares	
	Boca Raton, FL 33428		
		City/ State and Zip Code	:
hanse	wittig@gmail.com		
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas		7899846
Name	of Contact Person	at (7899846 le & Daytime Telephone Numbe.
	r the following amount made p		
□ \$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)
Āme Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building vecutive Center Circie ssee, FL 3230

Articles of Amendment to Articles of Incorporation of



Joint Medical Equiptment Inc. (Name of Corporation as currently filed with the Florida Dept. of State, P18000091785 Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Joint Medical Equipment Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent NA (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. N | A 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: <u>X</u> Change	PT Je	ohn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>S</u> ;	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add		ł	
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Ada			
Remove			
Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Artic (Attach additional sheets, if necessary). 	cles, enter change(s) here:
,	(Be specinc)
N/A	
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<u> </u>	
N	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
orovisions for implementing the amer	ndment if not contained in the amendment itself:
if not applicable, indicate N/A)	
N/A	
······································	
	 -

The date of each amendment(s) adoption: _date this document was signed.	N/A	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does document's effective date on the Department		equirements, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votion		
"The number of votes cast for the am	endment(s) was/were sufficient for approv	ral
by	voting group)	"
☐ The amendment(s) was/were adopted by th action was not required.		etion and shareholder
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action	and shareholder
· · · · · · · · · · · · · · · · · · ·	esident or other officer – if directors or officer porator – if in the hands of a receiver, the second seco	
appointed fiducia	ry by that fiduciary)	
Hans Wit	tig	
	(Typed or printed name of person signing	ğ)
President		
	(Fitle of person signing)	