P18000094365

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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:CTM+1 Medical Inc.
DOCUMENT NUMBER: P180000943(05
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tammy Ray Name of Contact Person
GMH Madical Inc. Firm Company
1840 Old Oxecchance Bd #107
West Palm Beach, FL 33409 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tammy Pay at (207) 718 - 7385 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to

Articles of Incorporation

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(Name of Corporation as currently filed with the Florida Dept. of State P1800094305 (Document Number of Corporation (1f known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation:	ollowing amend	lment(:-) to
A. If amending name, enter the new name of the corporation:		
		iew
name must be distinguishable and contain the word "corporation," "company," or "incorporated" of "Corp.," "Inc.," or Co.," or the designation—Co.p.," "Inc.," or "Co", A professional corporation name 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:	<u> </u>	_
(Mailing address MAY BE A POST OFFICE BOX)	至五	-77
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	72	3
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:	4: 24 08:04	_
Name of New Registered Agent Tammy Ray		
(Florida street address)		
New Registered Office Address: , Florida		
(City)	(Zīp Code)	_
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 po	sition,	
Man		
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 effect 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 masseer. 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, Nally 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 a Add.

Example: <u>X</u> Change		h <u>n Doc</u>		
X Remove	<u>V</u> <u>Mi</u>	ik <u>e for</u> es		
X Add	<u>SV</u> <u>Sal</u>	<u>lly Sm</u> rn		
Type of Action (Check One)	<u>Title</u>	Zanje	<u>Addres</u> s	
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Remove			Wast Palm	Booch Fl 33409
2) Change		· · · · · · · · · · · · · · · · · · ·		
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n amendme	implementing the a	mendment if not conta	nined in the amendment itsel	f:
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The date of each amendment(s) a date this document was signed.	deption: 3/8/2019	, if other than the
Ţ.		
Effective date <u>if applicable</u> :	(n. more than 90 days after amendment file da	rte)
Note: If the date inserted in this document's effective date on the D	block does not n got the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were si	opted by the shareholders. The number of votes east for the arifficient for approval.	mendment(s)
	proved by the sharsholders through voting groups. The follows each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendme it(s) was/were sufficient for approval	
hy	(voting (oup)	
action was not required.	opted by the board of directors without shareholder action and opted by the inco-porators without shareholder action and shareholder.	
DatedSignature(By a conscient	irector, president other officer – if directors or officers haved, by an inequality of that fiduciary)	re not been r other court
	(Typed or printed name of person signing)	
	MGR (Title of person signing)	
	(Title of person signing)	