P190000 12394

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TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: UNITED MEDICA	AL SUPPLY INC	
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GERMAN ARMENTEROS		
		Name of Contact Person	1
	UNITED MEDICAL SUPPL		
		Firm/ Company	
	13180 N CLEVELAND AVI	• •	
		Address	
	NORTH FORT MYERS FL.	33903	
		City/ State and Zip Cod	<u> </u>
	dan alamata 1 Garani 1 ayan		
<u>unite</u>	dmedsupply1@gmail.com	sed for future annual report	
	E-man address. (to be us	sed for finare annual report	nomeanon
For further information	n concerning this matter, pleas	se call:	
GERMAN ARMENT	EROS	at (786	773-9211
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address endment Section		Address Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

UNITED MEDICAL SUPPLY IN	NL.
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(Name	of Corporation as currently	filed with the Florida Dept, of State)
P19000012394		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006. Florida Statutes, this F	Clorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation to the abbreviation of the abbrevia
R Futer new principal office address	if annlicable:	13180 N CLEVELAND AVE STE 130
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		NORTH FORT MYERS FL, 33903
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13180 N CLEVELAND AVE STE 130
		NORTH FORT MYERS FL, 33903
		19 SE:
D. If amending the registered agent an new registered agent and/or the ne		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	GERMAN ARMENTEROS	1.
Name of New Registered Agent	13180 N CLEVELAND AV	/E STE 130
	(Florida stree	et address)
	NUMBER LYNDE MAZERC	33903 Florida
New Registered Office Address:	NORTH FORT MYERS	. LIUGIGA

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	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	P	GERMAN ARMENTEROS GUEVA	13180 N CLEVELAND AVE
X Add			STE 130
Remove			NORTH FORT MYERS FL 33903
2) Change	P	ROGELIO OROZCO	413 NE VAN LOON LN
Add			STE 120
X Remove			CAPE CORAL FI 33909
3) Change	VP	LLENY HERNANDEZ	413 NE VAN LOONDN
Add			STE 120 ASS
X Remove			CAPE CORAL FE 33909
4) Change			
Add			1/34
Remove			
.5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
			
	_		
	- 2 5	19	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	CAHAS LAHAS	9 JUN 24	_[,]
provisions for implementing the amendment if not contained in the amendment itself:	SEE		-
(if not applicable, indicate N/A) N/A). FL0	2	ED
IN/A			
	NIC RIDA	\$2	
	•		

, , , , , , , , , , , , , , , , , , , ,	06/20/2019		
The date of each amendment(s			if other than the
date this document was signed.			
	5/20/2019		
Effective date <u>if applicable</u> : _	(no more than 90 days after amen	adment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory fili Department of State's records.	ing requirements, 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	dopted by the shareholders. The number of votes sufficient for approval.	cast for the amendment(s)	
	pproved by the shareholders through voting groups or each voting group entitled to vote separately on		
"The number of votes ca	st for the amendment(s) was/were sufficient for ap	proval	
by			
, 	(voting group)		
The amendment(s) was/were action was not required.	dopted by the board of directors without sharehold	der action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder ac	ction and shareholder	
06/20/20 Dated	19		
Duicu			
Signature	There		
	director, president or other officer – if directors of	r officers have not been → Ω	•
	ted, by an incorporator – if in the hands of a receiv	ver, trustee, or other court	<u>`</u>
	inted fiduciary by that fiduciary)	S.S.	JUN 24
	GERMAN ARMENTEROS GUEVARA		F [7]
	(Typed or printed name of person sig		
	PRESIDENT		2
	(Title of person signing)	·	