P19000016900

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SECRETARY OF STATE

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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: DULMED COrporation DOCUMENT NUMBER: 79000016900 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: M Palazzola
Name of Contact Person Firm/Company 404 NW 107th TERR CORAL SIDNINGS, FL 3307/ E-mail address: (to be used for future annual-report notification) For further information concerning this matter, please call: Name of Contact Person at (954) 594-3650

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to

Articles of Incorporation

of

Dynmed Corpore	ation
(Name of Corporation as currently	filed with the Florida Dept. of State)
<u> </u>	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
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)	2019 SECI
	AHA AHA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
1C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	sistered 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: 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> P	Name Erica Palazzola	Address 404 NW 107th Terr		
1) Change Add Remove			Coval Springs FL 33071		
2) Change Add Remove					
3) Change Add Remove					
4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove					

	ig or adding additional i litional sheets, if necessar	y). (Be specific)			
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provision	dment provides for an e s for implementing the a	mendment if not co	ntained in the an	nendment itself:	<u> </u>
(if no	t applicable, indicate N/A)			
					
					·
			_		
			<u>.</u>		
		<u> </u>			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days a	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable statedocument's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately	
"The number of votes east for the amendment(s) was/were sufficient	ent for approval
by	
(voting group)	
 The amendment(s) was/were adopted by the board of directors without action was not required. The amendment(s) was/were adopted by the incorporators without share action was not required. 	
Dated 05/28/2019 Signature ERUA M Palaza	
Signature ERUQ M Palaza	zala
(By a director, president or other officer – if d selected, by an incorporator – if in the hands c appointed fiduciary by that fiduciary)	irectors or officers have not been
ERICA IM PAU	JAZZOLA
(Typed or printed name of	person signing)
President	
(Title of persor	signing)