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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEBRON ACCOUNTING SERVICES INC

Account Number : I20110000076

Phone

: (813)877-8918

Fax Number

: (813)514-2806

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Let 10 10 14 Counting Cychoo . Com

COR AMND/RESTATE/CORRECT OR O/D RESIGN GERO MEDICAL SUPPLIES & EQUIPMENT CORP.

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COVER LETTER

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Division of Corp			
NAME OF CORPO	RATION: GERO MEDICAL	L SUPPLIES & EQUIPME	NT CORP.
DOCUMENT NUM	BER: P19000017028		
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
	Geovani Robaina		
		Name of Contact Perso	
	GERO MEDICAL SUPPLIF		
		Firm/ Company	
	8809 W. Hamilton Ave	t and company	
		Address	-
	Tampa, FL 33615		
		City/ State and Zip Cod	c
lebror	accounting@yahoo.com		
		sed for future annual report	notification)
		ood to Farate dilitaal teport	nonneattony
For further information	concerning this matter, pleas	se call:	
Geovani Robaina		at (. 403-2567
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		· ·
335 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Ci\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

ly filed with the Florida Dept. of S	itate)
of Corporation (if known)	
Florida Profit Corporation adopts	the following amendment(s) to
"Co". A professional cornoration.	The new I' or the abbreviation name must contain the
N/A	>:: 5 :: 5 ::
	
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ress in Piorida, enter the name of	<u> </u>
<u>s:</u>	
rest address)	
<u>s:</u>	
	of Corporation (if known) Florida Profit Corporation adopts on," "company," or "incorporated "Co". A professional corporation "P.A." N/A

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	PT	John Do	<u>¢</u>	
X Remove	<u>v</u>	Mike Jo	ne <u>s</u>	
_X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4)Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
0 9				
6) Change				
Add				
Remove				

4	heets, if necessary).	(Be specific)				
						
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an amendment r	rovides for an exch	ange mederifi-				
CONTRACTOR THE	acinentials the sinei	ndment if not co	ntained in the arr	rion of issued sha	ires,	
(if not applica	ole, indicate N/A)		,			
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			<u></u>			

	H19000211388
	07/11/2019
The date of each amendment date this document was signed.	(s) adoption:, if other than
Ū	07/11/2019
Effective date if applicable:	(no more than 90 days after amendment file dute)
Note: If the date inserted in a document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
07/11/ Dated	2019
Signature	Ge Ovani Robains y a director, president or other officer - if directors or officers have not been
(B	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Geovani Robaina
	(Typed or printed name of person signing)

(Title of person signing)

President