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Alfron mone 12/17/19

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	TECHNOLOGIC MEDI	CAL GROUP	INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this i	natter to the following:		
LR BUSINESS CONSULTING INVESTMENTS	S INC		
	(Name of Contact Pe	erson)	
LR BUSINESS CONSULTING INVESTMENTS	S INC		
	(Firm/ Company	·)	
3190 S. JOHN YOUNG PARKWAY SUITE A			
-	(Address)	<del></del> -	
KISSIMMEE FL 34746			
<del></del>	(City/ State and Zip	Code)	
LITOIPLAN4U@GMAIL.COM			
E-mail address: (to be	used for future annual rep	oort notification	1)
For further information concerning this matter, pl	ease call:		
LR BUSINESS CONSULTING INVESTMENT	S INC	813	510-0673
(Name of Contact Pe		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida	Department of	State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Star		Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
	-		

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

Articles of Incorporation of

INNOVATIVE TECHNOLOGIC MEDICAL GROUP INC.	
(N) 5 C	

(Name of Corporation	on as currently filed with the Flo	orida Dept. of State)
19000088076		
(Docum	nent Number of Corporation (if kn	own)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corp.	poration adopts the following amendment(s)
If amending name, enter the new name of the co	rporation:	
		Thenew
ame must be distinguishable and contain the word "co lnc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	or "Co". A professional corp	rporated" or the abbreviation "Corp.,"
Enter new principal office address, if applicable		
rincipal office address <u>MUST BE A STREET ADD</u>	(RESS)	
	<del></del>	<del></del>
Enter new mailing address, if applicable:	. B.P.	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
		<del></del>
. If amending the registered agent and/or register	red office address in Florida, ent	ter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent		
	-	
	(Florida street address)	<del></del>
New Registered Office Address:		, Florida
New regimered Office flatoress.	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		obligations of the position.
ar is a second and	<del> </del>	. Graning Arms Franciscom
<del> </del>		
Signa	ature of New Registered Agent, if a	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 D	<u>oe</u>	
X Remove	<u>V</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>	•	Name	<u>Addres</u> s
1) Change	TC		DIXIA MARTINEZ	3190 S. JOHN YOUNG PKWY
X Add				KISSIMMEE, FL 34746
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		<del> </del>
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				
			Page 2 of 4	
E. If amending or additional she			ticles, enter change(s) here: (Be specific)	

•	
<del></del>	
	·
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	<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
	<del></del>
· · · · · · · · · · · · · · · · · · ·	<del></del>
Page 3 of 4	
The date of each amendment(s) adoption: 12/17/2019 late this document was signed.	, if other than the
12/17/2019	
Effective date if applicable: (no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were sur	•	The number of voto	es cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for			
"The number of votes east	for the amendment(s) was	/were sufficient for	approval
LR BUSINESS CONS	ULTING INVESMENT II (voting group)	NC	."
<u> </u>	(voting group)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of direc	tors without shareho	older action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators	without shareholder	action and shareholder
Dated 12/17/2019	<del></del>		
Signature	610		
(By a di selected		n the hands of a rec	or officers have not been eiver, trustee, or other court
	LR BUSINESS CONSUL	LTING INVESMEN	IT INC - Augel Roman
		ited name of person	
	P = 1 =		
	(Title of person signing)		
	(The or person aighting)		