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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: MEDIMEN USA	CORP	
DOCUMENT NU	B20/00/022713		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
	LUIS F JACOBO		
		Name of Contact Perso	n
	JACOBO & ASSOCIATES,	INC.	
	-	Firm/ Company	
	6220 W 21ST CT		
		Address	
	HIALEAH, FL 33016		
		City/ State and Zip Cod	e
	INFO@JACOBOTAX.COM	1	
	E-mail address: (to be us	sed for future annual report	notification)
	tion concerning this matter, plea		
LUIS F JACOBO		at (556-0044
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
,A D P	Initing Address Imendment Section Division of Corporations I.O. Box 6327 Callahassee, FL 32314	Ament Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

MEDIMEX USA CORP

MEDIMEX USA CORP		
P20000032712	urrently filed with the Florida I	Jept. of State)
	mber of Corporation (if known)	
	•	undere de Calleude e e e e e e
Pursuant to the provisions of section 607.1006. Florida Statute its Articles of Incorporation:	es, this <i>Ptortaa Projit Corporatio</i> .	<i>n</i> adopts the following amendment
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc." or "C "chartered." "professional association," or the abbreviation	o". A professional corporation	ed" or the abbreviation "Corp.," n-name-must-contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		
	, 	<u></u>
		20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		·
		
D. If amending the registered agent and/or registered office	as actions in Florida, autom the	nome at the
new registered agent and/or the new registered office a		name of the
Normand Nama Description of Language		
Name of New Registered Agent		
		 -
(1.10	orida street address)	
New Registered Office Address:	(C)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am far	miliar with and accept the obligat	tions of the position.
Signature of	New Registered Agent, if changing	<u></u>
•		•
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.012	20 (11) (e), F.S.	
• • • • • • • • • • • • • • • • • • • •		

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 <math>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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CESAR A. POTENZA	7031 GRAND NATIONAL DR
X Add			SUITE 106B
Remove			ORLANDO, FL 32819
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
· · ·	· · · · · · · · · · · · · · · · · · ·
	
f an amendment provides for an each	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ac	08/06/2020 Inption: if other than
date this document was signed.	ioption:, if other than
Effective date if applicable:	
meetive date <u>ir applicanie</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
selècted	
	MANUEAL A VIEIRA RODRIGUEZ
	(Typed or printed name of person signing)
	P
	(Title of person signing)