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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MEDICAL SIMULATION SOLUTIONS, INC DOCUMENT NUMBER: ______ P20000040413 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SYLVIA KOUTSOODUTIS
Name of Contact Person ESKAY ACCOUNTING & TAY SERVICE INC

Firm/Company

1821 LIBERTY ST AIKIA LEUST

Address

HOLLYWOOD FL 33020

City/State and Zip Code Sophia @ bell south net mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sylvia Koursoovils at (954) 924 - 1571

Name of Contact Person 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation of

MEDICAL SIMULATI	on Solutions, INC.
_	
ρ200000	10413
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida 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," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," 1 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-
	- 2
15. 16 15 10 1	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
Name of New Registered Agent	
(Florida str	ant subsects
·	ser adaress)
New Registered Office Address:	, Florida (City) (Zip Code)
	(En) (Ode)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New Ro	egistered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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 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 Doe	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	SEC STACEY A. LE	TOSS MONTRICO DRIVE
_ X _ Add		BOLA KATON, FL 33433
Remove		
2) Change		
Add		
Remove 3) Change		
Add		<u></u>
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
б) Change		
Add		
Remove		

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
-1-	
	· · · · · · · · · · · · · · · · · · ·
 -	
 -	
f an amendment provides for an excha- provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

.

The date of each amendment(s) adoption:	6/10/2020 6/10/2020	, if other than the
date this document was signed.		
Effective date if applicable:	6/10/2020	
(no m	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		this date will not be listed as the
Adoption of Amendment(s) (CHECK C	ONE)	
The amendment(s) was/were adopted by the incorporaction was not required.	orators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva	olders. The number of votes cast for the amendal.	dment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group		
"The number of votes east for the amendment	(s) was/were sufficient for approval	
by	··	
(voting gro	nup)	
Dated	20	
Signature		
(By a director, president or	other officer – if directors or officers have not of – if in the hands of a receiver, trustee, or other	been
appointed fiduciary by tha		er court
Tsas	way T II., se	
(Typed	ny J. White or printed name of person signing)	
Pre	SIDENT (person signing)	