P20000059250

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: 1MT BROKER	S, INC.
DOCUMENT NUMBER: P20000059250	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
MICHAEL FURLONG	
	Name of Contact Person
1MT BROKERS, INC.	
	Firm/ Company
2641 E. ATLANTIC BLV	D, SUITE # 310
****	Address
POMPANO BEACH, FL	33062
	City/ State and Zip Code
mfurlong@1stmedtransitio	ons.com
	used for future annual report notification)
For further information concerning this matter, pl	lease call:
MICHAEL FURLONG	954 633-8599
Name of Contact Person	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 & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

IMT BROKERS, INC.

(Name of Corporation as current	ty filed with the Florida De	ept. of State)
P20000059250		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profu Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation	d" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		name of the
Name of New Registered Agent N/A		
Kune of New Registered Agent		
(Florida st	reet address)	
	· · · · · · · · · · · · · · · · · · ·	PI
New Registered Office Address:	(Clty)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	i: with and accept the obligation	ons of the position.
Signature of New R	Registered Agent, if changing	?
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(c), 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.

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)	Title	<u>Name</u>	Address
1) Change	S	Kristen Zimmerman	1601 N. Sepulveda Blvd. #341
X Add			Manhattan Beach, CA 90266
Remove			
2) Change			
Add			
Remove 3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6)Change			
Remove			

/A	onal sheets, if neces:	sary). (Be specific)		
					
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		. <u> </u>			
					
					
					
			-	<u> </u>	
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			·		
	or implementing th	nn exchange, reclass ne amendment if no V/A)	ification, or cancell t contained in the a	ntion of issued shar mendment itself:	cs .
provisions (pplicable, indicate N				
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<u>provisions (</u> (if not a	ррисате, таксые г				

The date of each amendment(s)	N/A adoption:	if other than the
date this document was signed.	•	
N Effective date <u>if applicable</u> :	/A	
	(no more than 90 days after amendment file date)	· -
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendmen sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
Novemb Dated	er 10th, 2020	
Signature	This hort Inton	
selec	director, president or other officer – if directors or officers have not bee sted, by an incorporator – if in the hands of a receiver, trustee, or other co- onted fiduciary by that fiduciary)	
	MICHAEL FURLONG	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	