Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000426494 3)))



1200004264943ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	mail Address:		
а			
Ente	r the email addr nnual report ma:	ess for this business entity to be used for fut ilings. Enter only one email address please.	ure
	Fax Number	: (305)675-5944	
	Phone	: (305)552-5973	
	Account Name Account Number	: LAZARUS CORPORATE FILING SERVICE, INC.	7.1
From:			1.
	rax number	: (850)617-6380	;;
	Division of Co	rporations	,
			1

COR AMND/RESTATE/CORRECT OR O/D RESIGN MAJESTIC MEDICAL SUPPLY INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



Articles of Amendment to Articles of Incorporation of

MAJESTIC MEDICAL SUPPLY INC		
(Name of Corporation as currently P20000063429	filed with the Florida Dept. of State)	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the foli	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbre professional corporation name must co	The new viation "Corp.," ontain 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)		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	100 TO 11 TO
Name of New Registered Agent		
(Florida stree	address)	हिन 'जि
New Registered Office Address:		
(C	ity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Signature of New Registered Signature of New Registered Agent:	h and accept the obligations of the posit	ion.
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.

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 Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change				
Add				
Remove				
2) Change	VP ———	Oscar Gar	rcia	4637 VINCENNES BLVD #5
Add X Remove 3) Change				CAPE CORAL, FL 33904
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
(f) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	ects) nere.			
A		<u> </u>			
					
				 -	
			-		
			-		
					
					<u> </u>
			-		
		<u> </u>			
					·
f an amendment provides for an exchaprovisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassifica dment if not co	ntion, or cance ntained in the	ellation of issua amendment it	ed shares, self:	

PORATE	PAGE	05/05

2/15/2020 115:09	3052201440	LAZARUS CORPORATE	PAGE 05/05
The date of each amen date this document was	dment(s) adoption: _ signed.	12/09/2020	, if other than the
Effective date if applic			
		(no more than 90 days after amendment file date)	
Note: If the date insert document's effective date	ed in this block does te on the Department of	not meet the applicable statutory filing requirements, this da	te will not be listed as the
Adoption of Amendme	nt(s) (<u>C</u>	HECK ONE)	
The amendment(s) was action was not require	as/were adopted by the	e incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was by the shareholders w	ns/were adopted by the ras/were sufficient for	e shareholders. The number of votes cast for the amendment(s	·)
☐ The amendment(s) wa must be separately pr	ss/were approved by the ovided for each voting	he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	nt
		endment(s) was/were sufficient for approval	
by		37	
	(vo.	ting group)	
] Dated_	2/09/2020		

1

Signature

(By a director, president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other cour selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Alexi Sandoval Penalver

(Typed or printed name of person signing)

President

(Title of person signing)