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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORAT	ION: ZION MEDICAL I	NC	
DOCUMENT N		P20000066786		
The enclosed Ar	ticles of A	mendment and fee are sul	bmitted for filing.	
Please return all	согтекропо	lence concerning this mat	tter to the following:	
	НАІ	RRY VASSILAKIS		
			Name of Contact Person	
	ZIO	N MEDICAL INC		
			Firm/ Company	
	807	BEVILLE RD		
			Address	
	SOL	JTH DAYTONA, FLORI	DA 32119	
			City/ State and Zip Code	;
	docl	arryv@yahoo.com		
	 -	E-mail address: (to be us	ed for future annual report	notification)
		ocerning this matter, pleas		212 9/12
HARRY VASSILAKIS		at (<u>386</u>) 212-8612	
7	lame of Co	ntact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a che	eck for the	following amount made p	payable to the Florida Depa	rtment of State:
S35 Filing F	ec.	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Division P.O. Box	ent Section of Corporations	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

ZION MEDICAL	INC		

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P20000066786		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme	ent(s) to
A. If amending name, enter the new name of the corporation:		
ZION MEDICAL GROUP, INC.	The new	v
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 name must contain the word	
B. Enter new principal office address, if applicable:	SAME	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	807 BEVILLE RD	
	SOUTH DAYTONA FLORIDA 32119	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME ^	
	203	
	15. 15.	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		
Name of New Registered Agent		1
	<u>්</u>	: -,
(Florida s	treet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen	ıt:	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
Signature of New	Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)) (c) F S	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = President, Treasurer, Dir Changes should be noted	and/or D if necess rector title President Chief Fi ector wou in the for	tary) It by the first letter of the office title: It; T= Treasurer; S= Secretary; D= Director; TR= inancial Officer. If an officer/director holds more the uld be PTD. Illowing manner. Currently John Doe is listed as the orporation, Sally Smith is named the V and S. These	Trustee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office held. e PST and Mike Jones is listed as the V. There is
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
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4) Change			
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Remove			
5) Change			
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6) Change			
Add			
Remove			<u> </u>

ach additional sheets, if necessary,). (Be specific)			<u>l</u>	
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in amendment provides for an ex	xchange, reclassifica	ition, or cancellatio	n of issued shares,		
rovisions for implementing the ar (if not applicable, indicate N/A)	mendment if not co	ntained in the amen	idment itself:		
(If not applicable, matcine (VA)					}
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The date of each amendment(s) a	doption:, if other than the
date this document was signed.	
	31-2020
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this l document's effective date on the D	plock does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	t for the amendment(s) was/were sufficient for approval
by	(voting group)
08-31-202 Dated	0
selecte	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court
арроп	nted fiduciary by that fiduciary)
	HARRY VASSILAKIS
	(Typed or printed name of person signing)
	OWNER P
	(Title of person signing)