P20000098455

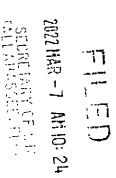
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: LDIS 10C DOCUMENT NUMBER: 7 20000 98455 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MDIS IN C. Firm/ Company Pompano Beach, FL 33060 City/ State and Zip Code info @ tipt aumpsters. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Sacedi Name of Contact Person at (954) 789 2863

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 (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to **Articles of Incorporation**

2022 MAR - 7 AM In. of

MDIS Inc	TO SCREEN AHID: 2
(Name of Corporation as current)	v filed with the Florida Dept. of State
P20000098453	5
	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
U/A	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."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent	NA
(Florida str	vet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	vith and accept the obligations of the position.
Signature of New R	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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	<u>Sally Si</u>	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_ /		
Add	,			
Remove				
4) Change		_		
Remove				
5) Change		_		
Add		/		
Remove	_			
6) Change		_		
Add				
Remove				

(Attach additi	or adding addit. onal sheets, if ne	cessary). (Be specific)	(S) HETE.		
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If an amand	mant providac f	ar an evahan	as reclassificat	ion, or cancellation of is	enad charac	
provisions f	or implementin	g the amend	ment if not con	tained in the amendmen	<u>t itself:</u>	
(if not a	pplicable, indica	te N/A)				
	NH					
						

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The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amoricient for approval.	endment(s)
	oved by the shareholders through voting groups. The following ich voting group entitled to vote separately on the amendment	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
Dated	3/2/22	
selected,	tot, president or other officer – if directors or officers have a by an incorporator – if in the hands of a receiver, trustee, or of fiduciary by that fiduciary)	
_	Michael Saadi (Typed or printed name of person signing)	
	President.	
_	(Title of person signing)	