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.

(((H21000226620 3)))



H210002266203ABCV

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

| $T \wedge$ | • |
|------------|---|
| | |

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Email Address:

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN **ELCIPSE MEDICAL SUPPLIES INC**

| Certificate of Status | |
|-----------------------|----------|
| Certified Copy | <u> </u> |
| Page Count | 02 |
| Estimated Charge | \$35.00 |



Articles of Amendment

to

Articles of Incorporation

| of of |
|--|
| Elcipse Medical Supplies INC. |
| Florida Document Number: P2/ 1000526 63 |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: |
| Change Company Name to: |
| Edipsé Modical Supplies INC. |
| 4471 NW 36 St # 211 |
| MiAmi Springs 1/ 33/66 |
| MiAmi Springs 33166 Correct All Addresses |
| |
| |
| |
| |
| |
| These articles of amendment were adopted on |
| The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval. |
| to the cust for uncondition was sufficient for approval. |
| Signature C |
| ZEIDA POST (P) |
| Printed Name and Title |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |