

P21 0000 58844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

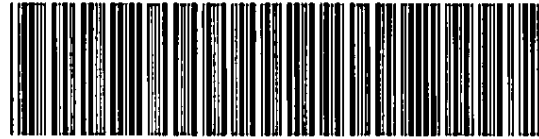
(Business Entity Name)

(Document Number)

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2021 AUG 15 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

AUG - 11 2021

C Kinsey



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5 PM 3:06

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2021

JOHN CROW  
7901 4TH ST N STE 5699  
ST PETERSBURG, FL 33702

SUBJECT: U.S. MEDICAL MATRIX INC.  
Ref. Number: P21000058844

We have received your document for U.S. MEDICAL MATRIX INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

It appears on line A of the amendment page you are trying to update the entity name. But it appears the name is the same as the name currently registered. Please remove the name on line A if you are not intending to change the entity name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 321A00017367

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: U.S. Medical Matrix Inc.  
DOCUMENT NUMBER: P21000058844

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Crow

Name of Contact Person

U.S. MEDICAL MATRIX INC.

Firm/ Company

7901 4TH ST N STE 5699

Address

ST. PETERSBURG , FL 33702

City/ State and Zip Code

CROWJD@PROTONMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN CROW

Name of Contact Person

at ( 561 )

264-2177 / 3658054024

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

U.S. Medical Matrix Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P201000058844

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

7901 4th St N

STE 5699

St. Petersburg FL 33702

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

7901 4th St N

STE 5699

St. Petersburg FL 33702

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

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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.*

\_\_\_\_\_  
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.

**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.*

**Example:**

X Change                      PT      John Doe

X Remove                    V        Mike Jones

X Add                         SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>  </u> Change	<u>P D</u>	<u>John Crow</u>	<u>7901 4st N Suite 5699</u>
<u>  </u> Add			<u>St. Petersburg FL</u>
<u>  </u> Remove			<u>33702</u>
2) <u>  </u> Change	<u>T</u>	<u>Lisa Crow</u>	<u>7901 4st. N Suite 5699</u>
<u>  </u> Add			<u>St. Petersburg FL</u>
<u>  </u> Remove			<u>33702</u>
3) <u>  </u> Change	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u> Add			<u>  </u>
<u>  </u> Remove			<u>  </u>
4) <u>  </u> Change	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u> Add			<u>  </u>
<u>  </u> Remove			<u>  </u>
5) <u>  </u> Change	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u> Add			<u>  </u>
<u>  </u> Remove			<u>  </u>
6) <u>  </u> Change	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u> Add			<u>  </u>
<u>  </u> Remove			<u>  </u>

**F. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: July 21, 2021, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by 1 \_\_\_\_\_"  
(voting group)

Dated 08/02/2021

Signature \_\_\_\_\_

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

John Crow

(Typed or printed name of person signing)

President

(Title of person signing)

