

P220000826082

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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

**TO: Amendment Section
Division of Corporations**

Comercializadora Medsi Corp
NAME OF CORPORATION: _____
P22000082682
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Luis A Sangroni
Name of Contact Person
Comercializadora Medsi Corp
Firm/ Company
3171 NW 16 St
Address
Lauderhill, Fl 33111
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis A Sangroni 754 224-9919
 _____ at (_____) _____
 Name of Contact Person Area Code & Daytime Telephone Number

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

<input checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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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

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

COMERCIALIZADORA MEDSI CORP

(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."

3171 NW 16 ST. LAUDERHILL, FL. 33111

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

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

3171 NW 16 ST. LAUDERHILL, FL. 33111

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

(Zip Code)

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) (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.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
<input checked="" type="checkbox"/> Change	P	Medina, Alvaro	19652 E Country Club DR, Aventura, FL 33160
1) <input type="checkbox"/> Change			
<input type="checkbox"/> VP			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input checked="" type="checkbox"/> Change	VP	Sangronis, Luis A	3171 NW 16 St, Lauderhill, FL 33311
2) <input type="checkbox"/> Change			
<input type="checkbox"/> P			
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Change	S	Da Costa, Natalia	19652 E Country Club DR, Aventura, FL 33160
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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

The amendment is change address for the business and

The organization will be: Luis A Sangroni (President) and Alvaro Medina (Vice- President)

Remove Natalia Da Costa

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)

Luis A. Sangroni will get the 80% of the shareholders like President of the Corp. and

Mr. Alvaro Medina will obtain the 20% of the shareholders and his new role is Vice-President of the Corp Comercializadora Medsi Corp.

No Events - No Name History
Detail by Entity Name

Florida Profit Corporation
COMERCIALIZADORA MEDSI CORP

Filing Information

Document Number P22000082682
FEVEIN Number N/A
Date Filed 10/28/2022
Effective Date 10/28/2022
State FL
Status ACTIVE

Principal Address

19652 E COUNTRY CLUB DR
AVENTURA, FL 33180

Mailing Address

19652 E COUNTRY CLUB DR
AVENTURA, FL 33180

Registered Agent Name & Address

DA COSTA, NATALIA
19652 E COUNTRY CLUB DR
AVENTURA, FL 33180

Officer/Director Detail

Name & Address

Title Secretary

DA COSTA, NATALIA
19652 E COUNTRY CLUB DR
AVENTURA, FL 33180

Title P

MEDINA, ALVARO
19652 E COUNTRY CLUB DR
AVENTURA, FL 33180

Title VP

Sangronis, Luis A
621 fairway dr
Pompano beach, FL 33069

Annual Reports

Report Year	Filed Date
2023	05/01/2023

Document Images

05/01/2023 - ANNUAL REPORT	View Image in PDF format
10/28/2022 - Domestic Profit	View Image in PDF format

01/30/2024

The date of each amendment(s) adoption: _____, if other than the date this document was signed, 01/01/2024

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
Luis Sangroni, Alvaro Medina
by _____."
(voting group)

01/30/2024

Dated _____

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)

Luis Sangroni

(Typed or printed name of person signing)

President

(Title of person signing)