

P23 0000 20434

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H23000176658 3)))



H230001766583ABCS

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

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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.****

Email Address: _____

2023 MAY 11 AM 8:21
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AS MEDICAL EQUIPMENTS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2023 MAY 11 PM 4:49

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment
to
Articles of Incorporation
of

AS MEDICAL EQUIPMENTS CORP

Florida Document Number: P23000020434

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

~~DELETED: SOTOMAYOR ARIEL Registered Agent Name & Officer/Director~~

ADD: YORDAN VALDES ABREU Registered Agent Name & Officer/Director

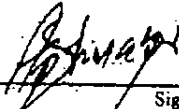
6801 NW 77 AVE

MIAMI FL 33166

FILED
2023 MAY 11 AM 8:21
STATE OF FLORIDA
TALLAHASSEE, FL

These articles of amendment were adopted on 05/11/2023

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.



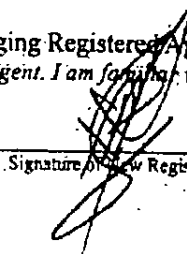
Signature

ARIEL SOTOMAYOR, PRESIDENT

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.



Signature of New Registered Agent, if changing