## P 95000046642

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP	(Address)
(City/State/Zip/Phone #)  PICK-UP	
(City/State/Zip/Phone #)  PICK-UP	(Addross)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addiess)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	☐ PICK-UP ☐ WAIT ☐ MAIL
(Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	(Rusiness Entity Name)
Certified Copies Certificates of Status	(Business Entry Name)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
	l l
ļ	
ļ	ļ

Office Use Only



900009017949

11/18/02--01020--008 \*\*70.00



LURLIANY OF STATE

FILED

OFFICE USE ONLY (Document #) EXPRESS CORPORATE FILING SERVICE INC. (Requestor's Name) 1000 PONCE DE LEON BLVD. STE: 101 (Address) CORAL GABLES, FL 33134 305-444-4994 (City, State, Zip) (Phone #) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Certificate of Status Photocopy AMENDMENTS **NEW FILINGS** Profit <del>Ame</del>ndment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

CR2E031(9/92)

## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

	OF	AHA	NO.	7
	ABC MED WAY, INC.	SSEE	œ į	
		FLOG	=======================================	
	(present name)	<b>6</b> 6	3	
	P95000046642			
(1	Document Number of Corporation (If known)			

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

THE NEW MAILING/PRINCIPAL ADDRESS WILL BE:

9838 NE 2 AVE. MIAMI SHORES, FL. 33138

THE BOARD OF DIRECTORS/OFFICERS WILL BE:

FLOR CRISOLOGO (P/S/T) MERCEDES LOPEZ (P) 9838 NE 2 AVE. MIAMI SHORES, FL. 33138

**SECOND:** 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, are as follows:

THIRD:	The date of each amendment's adoption: 11-15-02				
	: Adoption of Amendment(s) (CHECK ONE)				
Z	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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				
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.				
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.				
	Signed this day of				
Signature	(D) the Chairman of Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)				
OR					
	(By a director if adopted by the directors)				
	OR				
	(By an incorporator if adopted by the incorporators)				
	FLOR CRISOLOGO (Typed or printed name)				
	PST				
	(Title)				