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15 MAY 26 PH 1:4

MAY 29 2015 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N: ARDY MEDICAL	SUPPLY CORP.	
DOCUMENT NUMBER:	P95000057082		
The enclosed Articles of Amer	ndment and fee are sul	omitted for filing.	
Please return all corresponden	ce concerning this mat	ter to the following:	
		PETER SZAJKO	
		Name of Contact Person	
	AR	DY MEDICAL SUPPLY C	ORP.
		Firm/ Company	
		10465 SW 40TH STREET	
		Address	
		MIAMI FL 33165	
		City/ State and Zip Code	
For further information concer	4	ed for future annual report i	nouncation)
PETER SZ	AJKO	at (551-5018
Name of Conta	ct Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made p	payable to the Florida Depa	rtment of State:
	\$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 Ad Amendment Division of P.O. Box 63 Tallahassee	Section Corporations 27	Amendi Division Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

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15 MAY 26 PM 1:47

	ARDY MEDICAL SUPPLY CORP	Sport There is the first
(Name of C	orporation as currently filed with the	Florida Dept. of State)
	P95000057082	nt.
	(Document Number of Corporation (if	(known)
Pursuant to the provisions of section 607.100 ts:Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit C</i>	Corporation adopts the following amendment(s)
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Co". A profess	" or "incorporated" or the abbreviation
B. Enter new principal office address, if a Principal office address <u>MUST BE A STRI</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)		

O. If amending the registered agent and/o new registered agent and/or the new re		enter the name of the
Name of New Registered Agent		
	(Florida street address)	
	(Fioriaa sireei aaaress)	
<u>New Registered Office Address:</u>	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as registered		the obligations of the position.
	Signature of New Pegistered Agent	t if changing

If amending the Officer's 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SD	RAUL VICENTE	10465 SW 40TH ST
Add			MIAMI FL 33165
X Remove			
2) Change	<u> </u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6 Change			
6) Change			
Add			
Remove			

(/	f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)
_	
<u>I</u>	f 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)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.' MAY 19, 2015 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 vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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	
(voting group)	
☐ 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.	
MAY 19, 2015 Dated	
Signature /elev Seo 1/6	
(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)	
PETER SZAJKO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	