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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ARDEN'S MEDIC	CAL EQUIPMENT, INC.	
	96000040097	·	···
The enclosed Articles of Amer	ndment and fee are st	ibmitted for filing.	
Please return all correspondent	ce concerning this ma	atter to the following:	
DIANN	IE P. BELCHER		
		Name of Contact Perso	M1
ARDE	N'S MEDICAL EQU	IPMENT, INC.	
		Firm/ Company	
7976 SI	EMINOLE BOULEV	'ARD SUITE 3	
		Address	
SEMIN	OLE, FL 33772		
		City/ State and Zip Cod	le
ARDENSME	DI@AOL.COM		/
E-r	nail address: (to be u	sed for future annual report	notification)
For further information concern	ning this matter, pleas	se call:	
DIANNE P. BELCHER		at (397-1713
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for the following	owing amount made	payable to the Florida Depa	artment of State:
	43.75 Filing Fee & ertificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Cls52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ado Amendment Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

ADDICKIC	MEDICAL	ECHIDMENT INC	

(Name of Corporation as currently	filed with the Florida Dept. of State)
P96000040097	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	JA
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	· ; 📸
(Principal office address MUST BE A STREET ADDRESS)	
	To the second se
C. Enter new mailing address, if applicable: N / A (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	•
D. If amending the registered agent and/or registered office address	,
new registered agent and/or the new registered office address:	N/A
Name of New Registered Agem	
tFlorida stree	
tr wrat wee	
New Registered Office Address:	ity) , Florida (Zip Code)
	7
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	
Thereby, decept the appointment as regimered agent. This joint was the	n that accept the deligations of the positions.
Signature of Van Bo	sistered Agent, if changing
inguanie og iven neg	britan and influential it and influence

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: \underline{X} Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	T	_	ERNEST HOWELL	
Add				
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

f amending or adding Auach additional sheets	additional Articles, enter c , if necessary). (Be specifi	hange(s) here: /	N/A	
				
				
f an amendment provi provisions for implem (if not applicable, i	des for an exchange, reclase enting the amendment if no adicate N A)	sification, or cance of contained in the	ellation of issued shares, amendment itself:	N/A
<u></u>				
<u></u>				

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depar	ek does not meet the applicable statutory filing requirements, this date will not be listed as the timent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	yed by the shareholders through voting groups. The following statement och 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)
•	(voting group)
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder
MAY 3, 2018 Dated	
Signature	anne P. Belcher
selected, b	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
DI	ANNE P BELCHER
_	(Typed or printed name of person signing)
PR	ESIDENT
	(Title of person signing)