P97000038248

(Re	questor's Name)	
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(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: ELECTRON	MEDICINE SERVICE, INC	<u>. </u>		
DOCUMENT NUMBER:	MBER:				
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.			
Please return all correspond	lence concerning this ma	tter to the following:			
		MADAY DIAZ			
		Name of Contact Persor	1		
	ELEC	TROMEDICINE SERVIC	E, INC.		
		Firm/ Company			
		773 NW 132 PL			
		Address			
MIAMI, FL 33182					
		City/ State and Zip Code	2		
	MA	ADAY2003@YAHOO.CO	M		
		ed for future annual report			
For further information con		se call:at (314-0401		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
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

ELECTROMEDICINE SERVICE, INC

(Name of Con	rporation as currently file P97000038248	d with the Florida Depts of State)	
	(Document Number of Cor	poration (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Flori	da Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name o	f the corporation:		
		The new	
	""Inc," or "Co". A pro	any," or "incorporated" or the abbreviation "Corp.," fessional corporation name must contain the word	
B. Enter new principal office address, if applicable:		773 NW 132 PL	
(Principal office address MUST BE A STREE		MIAMI, FL 33182	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		773 NW 132 PL	
		MIAMI, FL 33182	
		·	
D. If amending the registered agent and/or new registered agent and/or the new regi		n Florida, enter the name of the	
Name of New Registered Agent	MADAY DIAZ		
	773 NW 132 PL		
_	(Florida street ad	ldress)	
New Registered Office Address:	MIAMI	Florida 33182	
· · · · · · · · · · · · · · · · · · ·	(City)	(Zip Code)	
New Registered Agent's Signature, if changi			
I hereby accept the appointment as registered a	agent. I am familiar with a	ind accept the obligations of the position.	
*	<i>7, .</i>		
_X	Signature of New Registe	exed Agent if changing	
	Signature of New Regist	rea agem, y eminging	
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.

Frample:

X Change	<u>PT</u>	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	PT	MADAY DIAZ	773 NW 132 PL		
X Add			MIAMI, FL 33182		
Remove					
2) Change	PD	RAMON DIAZ	5111 SW 97 AVE		
Add			MIAMI, FL 33165		
X Remove 3) Change	ST	LOURDES DIAZ			
Add			5111 SW 97 AVE		
X Remove			MIAMI, FL 33165		
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sh	ing additional Artic neets, if necessary).	(Be specific)				
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If an amendment pr	rovides for an exch:	ange, reclassific:	ation, or cancella	tion of issued sh	ares,	
provisions for imp	lementing the amerole, indicate N/A)	idment if not co	ntained in the an	nendmen <u>t itself:</u>		
(у погарриса)	ne, matcute WA)					
						
					_	

The date of each amendment(s) ac	07/01/2020 option:	, if other than the
date this document was signed.	0.7/0.1/2020	
Effective date if applicable:	05/01/2020	
<u></u> .	(no more than 90 days after amendment file	date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the ficient for approval.	ne amendment(s)
	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amen	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	w	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
07/01/20 Dated	20	
selected	rector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	MADAY DIAZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	······································