# P99000081967

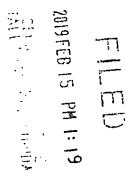
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Amendico

FEB 2 1 2019

I ALBRITTON

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: ACU.	MEDICAL	CENTER, I	nc-
DOCUMENT NUMBE	R:	9900008	31967	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
_	5	aid Korany	r n	
		Name of Contact Perso	n	
	Α	Cu-Medical Firm/Company	Center	
		Firm/ Company		
<u> </u>	3459 WOO	Ibright Rd.		
		Address		
	Bognton (	Seach, F.L 3	33436.	
_	<del>                                     </del>	City/ State and Zip Cod	e	<del></del>
		a yahoo. Co ed for future annual report		
For further information c	oncerning this matter, pleas	e call:		
S av	id Korany Contact Person	at ( 161 Area Co	de & Daytime Telephone Nur	161) 738-2800
Enclosed is a check for the	he following amount made [	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	☐\$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 Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### Articles of Amendment

to

### **Articles of Incorporation**

of

ACU-Medical Coute	· Inc·		
(Name of Corporation as currently f	filed with the Florida Dept. of State)		
P99000081967			
(Document Number of C			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the follo	owing amend	ment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation,"		The n	ew
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name m	ne abbreviati nust contain i	ion the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA		~
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	2010 FEB 15 1	- : 
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	H 1: 19	
Name of New Registered Agent	A		
(Florida street New Registered Office Address:	address)		
	,      ,	Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with		on.	
Signature of New Reg	istered Agent, if changing		

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: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones	NLA	τ
X Add	<u>sv</u>	Sally Smith	•	
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3 ) Change	<del></del>			
Add				
Remove				
4) Change	<u> </u>	<del></del>		
Add				
Remove				<del></del>
5) Change		_		
Add		· · · · · · · · · · · · · · · · · · ·		
Remove				
6) Change				
Add				
Remove				<del></del>

Attach additional	sheets, if necessary). (Be specific)
	N/A
<del> </del>	
··	
·_··	
	provides for an exchange, reclassification, or cancellation of issued shares, applementing the amendment if not contained in the amendment itself:
	cable, indicate N/A)
	is Said Korany, I would like to Transfer
50	goof the Corporation Shares to My wi
ں ہے	10 09 10 001 peranting 31000 10 1014 WI
•	Siham Fawzy Ali
	,
	EL, DL # A 400-786-57-649-0
	Address 5867 La Gova Circle.
4811	
	La Ko CNO1th, 6L 33463
	La Ko Worth, GL 33463 Tel. 561 523, 7617

The date of each amendment(s) adoption:	2/12/2019	, if other than the
date this document was signed.	_	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, the of State's records.	is date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	te shareholders. The number of votes east for the amendm r approval.	nent(s)
	the shareholders through voting groups. The following standard group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	endment(s) was/were sufficient for approval	
by	oting group)	
(1	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and sharel	holder
☐ The amendment(s) was/were adopted by the action was not required.	te incorporators without shareholder action and shareholde	er
Dated	11/2019	
Signature	Suis	
(By a director, proselected, by an in	esident or other officer – if directors or officers have not be corporator – if in the hands of a receiver, trustee, or other try by that fiduciary)	
	Said Ahmed Korany	
	(Typed or printed name of person signing)	
	president	
	(Title of person signing)	