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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 20 2012
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[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Miami Children's Health System, Inc.

DOCUMENT NUMBER: N11000009162

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Andrews-Singh, SVP & General Counsel

(Name of Contact Person)

Miami Children's Hospital, Legal Department

(Firm/ Company)

3100 S.W. 62 Avenue

(Address)

Miami, FL 33155

(City/ State and Zip Code)

Deborah.vaidya@mch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herminia Pell

(Name of Contact Person)

a 305-666-6511 ext. 2021

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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

Miami Children's Health System, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N11000009162

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ ^{The new}
*name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:
*(Principal office address **MUST BE A STREET ADDRESS**)*

**C. Enter new mailing address, if applicable: (Mailing
address **MAY BE A POST OFFICE BOX**)**

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:**

Name of New Registered Agent: April Andrews-Singh

3100 S.W. 62 Avenue

(Florida street address)

New Registered Office Address:

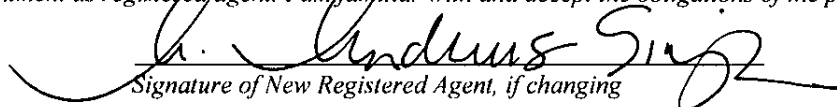
Miami, Florida 33155

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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The date of each amendment(s) adoption: _____

Effective date if applicable: September 15, 2012
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated Sept 10 2012
Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Narendra M. Kini, MD
(Typed or printed name of person signing)

Director
(Title of person signing)