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C. CAPROTI RS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ASOCIACION PROTECTORA DEL HOSPITAL DEL NINO JESU Name of Corporation Con
DOCUMENT NUMBER: 712000014135.
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARTA B. FIGUEROA. Name of Contact Person
ASOCIACION PROTECTORA DEL HOSPITAL DEL NINO JESUS CORP.
3874 NE 167H ST Address
Address
N. Mialui beh fl 33160. City/State and Zip Code
•
MARTABERRONDO Q GMAIL. COM.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: MARTA B. FIGUEROA Name of Contact Person at (305) 790-8268. Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State.
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

ASOCIACION PROTECTORA DEL HOSPI	TAL DEL NINO JESUS	GR. 🖺
	filed with the Florida Dept. of State)	
712000014135		SEP 2
(Document Number of C	Corporation (if known)	Olympia Olympia
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation: A. If amending name, enter the new name of the corporation:	lorida Profit Corporation adopts the follow	wing amendment(
		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name mu ?.A."	e abbreviation ist contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N. MIAMI BCh FR	33/60.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	REMAINS AT	<u> </u>
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent	. / ^	
(Florida stree	et address)	_
New Registered Office Address:	/ , Florida	Zi- Codal
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with		Zip Code) on.
\mathcal{N}	gistered Agent, if changing	
Signature of New Re	gistered 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	$\overline{\mathcal{D}}$	MARTA B. FIGUEROA	3874 NE 167th ST +7 N. MIAMI Boh FL
_ X _ Add			
Remove			33160.
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove		-	
6) Change			
Add			
Damova			

Attach additional sheets, if necessary).	(Be specific)
f an amandment provides for an even	ranga raclassification or cancellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days af	îer amendment file date)
Note: If the date inserted in this block does not meet the applicable stat locument's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient	ent for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without share action was not required.	cholder action and shareholder
Dated 09-19-2016	
Dated 09-19-2016 Signature (By a director, president or other officer - if d	irectors or officers have not been
selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
MARTA B. T	PEROA. person signing) 2R AGENT
(Typed or printed name of	person signing)
NOW DIRECT	DR / AGENT

(Title of person signing)