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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON:MEDIS	ANA HEALTH	CENTER (	CORP	
DOCUMENT NUMBER:		P20000052	2422		
The enclosed Articles of An	nendment and fee are su	bmitted for filing	<u> </u>		
Please return all correspond	ence concerning this ma	tter to the follow	ring:		
		GLEIDYS S	oro		
		Name of Con	tact Person	n	
	MEDI	SANA HEALTI	H CENTE	R CORP	
	<del></del>	Firm/ Co	mpany		
		5391 NW .	36 STREE	Т	
<del></del>		Addr	ess		
		MIAMI SPRIN	GS, FL 33	166	
<del></del>		City/ State an	d Zip Cod	e	
	MEDIS	ANAJIEALTH	12@GMA	IL.COM	S
	E-mail address: (to be us	sed for future and	ual report	notification)	TAL TAL
For further information con	cerning this matter, pleas	se call;	305	799-3112	CREDICTO, STAT
Name of Cor		at (		) 799-3112 de & Daytime Telephone Number	_ π σ
Enclosed is a check for the		payable to the FI			FATE
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional c enclosed)	ру	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Division of P.O. Box	ent Section of Corporations		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Taliahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MEDISANA HEALTH CENTER CORP

(Name of Corporation as currently filed with the Florida Dept. of State)		
P20000052422		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation:	wing amendi	nent(s) to
A. If amending name, enter the new name of the corporation:		
	The ne	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		-
		_
<del></del>		_
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		_
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	<i>;;</i> ;	202
	<del>- 3</del> 5	، بوت ،
D. If amending the registered agent and/or registered office address in Florida, enter the name of the		2023 HAY
new registered agent and/or the new registered office address:	<u> </u>	<b>N</b>
Name of New Burietan-d America	-	دب
Name of New Registered Agent	<u></u> ]/j.j.	P.
	, π' (-	င်း
(Florida street address)	715	: ()
		ယ
New Registered Office Address:, Florida	7: C . J .)	-
rc.nyy (.	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	on.	
Signature of New Registered Agent, if changing		
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.		
- The state of the		

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)

Example:

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.

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	P	RIAN E. ABREU GONZALEZ	5391 NW 36 STREET
Add			MIAMI SPRINGS, FL 33166
X Remove			
2) X Change	P	GLEIDYS SOTO ALONSO	5391 NW 36 STREET
Add			MIAMI SPRINGS, FL 33166
Remove 3 ) Change	VP	Madeline Maceda Hernandez	5391 NW 36 STREET  MIAMI SPRINGS, FL 33166
X Add			MIAMI STRINGS, FL. 33100 FC NET TAILS
Remove			
4) Change			
Add			
Remove			
5) Change			***************************************
Add			
Remove			
6) Change			
Add			
Remove			

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rovisions for implementing the am	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	47. 2
(if not applicable, indicate N/A)		SECRE, TALL
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The date of each amendmen		, if other than the
late this document was signed	05/19/2023	
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	this block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	ll not be listed as the
doption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and	d shareholder
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement d for each 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)	
05/19/	2023	
Dated	-5 117 12	
Signature /	29/27	
'se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	RIAN E. ABREU GONZALEZ	383 383
	(Typed or printed name of person signing)	SECIRET
	President	Y 23
	(Title of person signing)	<del></del>
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		9: 03 5 TAT 5 FL
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