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COVER LETTER ,

TO: Amendment Section **Division of Corporations** Nurse Practitioner Council of Miami-Dade Inc. NAME OF CORPORATION: N08000010477 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jessica MacIntyre (Name of Contact Person) Nurse Practitioner Council of Miami-Dade (Firm/ Company) 3921 Alton Rd, Suite 370 (Address) Miami Beach, Fl 33140 (City/ State and Zip Code) jmacintyre@med.miami.edu E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jessica MacIntyre (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **■**\$43.75 Filing Fee & **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) 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

Nurse Practitioner Council of Miami-Dade Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N08000010477 (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: 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. 3921 Alton Road B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 370 Miami Beach, FL, 33140 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: (Florida street address) New Registered Office Address: _, Florida __ (Zip Code) (City) 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 Page 1 of 4

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PT	Daniel J. Little	
Add Remove			
2) Change	v	Henry Henao	
Add Remove			
3) Change	<u>P</u>	Jessica MacIntyre	
Add Remove			
4) Change	v	Adrienne Vazquez	
Add			
5) Change	<u>T</u>	Mark Fonseca	
Add			
δ) Change	S	Evelyn Wempe	
Add			
Remove		D 2.64	

ttach additional sheets, if necessary).	(Be specific)	inge(s) here:				
						
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	date of each ame this document was	ndment(s) adoption:s signed.	, if other than the
Effe	ctive date <u>if appli</u>		
		(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	t be listed as the
Ado	ption of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) nt for approval.	
	There are no men adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	August 22, 2017	
	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)	
		Jessica MacIntyre	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	