705584

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
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12/10/14

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: Miami Hea	rt Researcl	n Institute, Inc.	
DOCUMENT NUMBER: 705584			
The enclosed Articles of Amendment and fee are submit	ted for filing.		•
Please return all correspondence concerning this matter t	o the following:		,
Nancy Cavalie, Acting CE	0		
	Vame of Contact Person)	7.0	
Miami Heart Research Ins	stitute. Inc.		[]
	(Firm/ Company)		S. S.
4770 Biscayne Blvd, Suite	e 500	·	
	(Address)		
Miami, Fl 33137			
(0	City/ State and Zip Code)		
nancy@floridahea	rt.org		
E-mail address: (to be used for	or future annual report no	tification)	
For further information concerning this matter, please ca	11:		
Nancy Cavalie	_{at} 305	674-3019 e & Daytime Telephone Number)	
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
Enclosed is a check for the following amount made paya	ble to the Florida Depart	ment of State:	
	\$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	Street A		
Amendment Section Division of Corporations		ent Section of Corporations	
P.O. Box 6327	Clifton B	Building	
Tallahassee, FL 32314	2661 Exe	ecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Miami Heart Research Institute, Inc.

r r					
	Articl	les of Amendment			
	Article	to es of Incorporation			
		of		10	1
Miami Heart Research II	nstitute, Inc.	•		18 B	
(Name of Corporation as current	ly filed with the Flo	orida Dept. of State)		TO C	1
705584				75/7	"a 'O
(Doc	ument Number of C	Corporation (if known)		7	THE STATE OF THE S
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate		tes, this <i>Florida Not For I</i>	Profit Corporati	ion adopts the follo	Mile.
A. If amending name, enter the new na	me of the corporat	tion:			
					new
name must be distinguishable and contain		ation" or "incorporated"	or the abbrevia	tion "Corp." or "l	'nc."
"Company" or "Co." may not be used in	<u>ine name</u> .				
B. Enter new principal office address,					
(Principal office address <u>MUST BE A S</u>	<u> REET ADDRESS</u>	()			
			•		
C. Enter new mailing address, if appli	cable:				
(Mailing address <u>MAY BE A POST</u> (<u>)FFICE BOX</u>)				
					
D. If amending the registered agent an new registered agent and/or the new			nter the name o	of the	
new registered agent and/or the new		ralie, Acting CE	1		
Name of New Registered Agent:					
	4770 Bisca	ayne Blvd, Suite	500		
New Registered Office Address:		(Florida street address)			
New Negistered Office Address.	Miami		2,	2127	
		1	, Florida <u>33</u>		
	(City)	,		(Zip Code)	
New Registered Agent's Signature, if cl				Cabo montatore	
I hereby accept the appointment as regist	erea agent. I am f	imiliar with and accept th	e obligations of	ine position.	
	Signature of New	Registered Agent, if char	nging		

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>V</u> <u>Mik</u>	n Doe le Jones y Smith	Address Address
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address CRIBIE
1) Change	S	Eric Hecht, M.D.	4770 Biscayne Blvd
X			Suite 500
Remove			Miami, FI 33137
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

ach additional sheets, if necessary). (Be specific)	
	
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	ZC.
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	(2).
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:	
	-,

	date of each amendment(s) ado this document was signed.	November 21, 20104	, if other than the
Effe	ective date <u>if applicable</u> :	, , , , , , , , , , , , , , , , , , , ,	· ··
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were add was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s))
	There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
	Dated Decem	per 2, 2014	
	Signature	Maralle	
	have not beer	nan or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
		NANCY R- CAVALIE Typed or printed name of person signing)	
		ACTING CEO (Title of person signing)	花园市
		THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE S	S T T T T T T T T T T T T T T T T T T T