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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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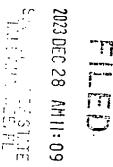
Special Instructions to Filing Officer:





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COVER LETTER

INC.

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: INTERNATIONAL MEDICAL AND CULTURAL FOUNDATIO	رىد
DOCUMENT NUMBER: 7/0/00	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DAVID Tubero (Name of Contact Person)	
(Name of Contact Person)	
(Firm/ Company)	
2109 N.E. 45 TH STREET (Address)	
(Address)	
FORT LAUDERDALE, FL 33308 (City/ State and Zip Code)	
Zuberoswim @ ao/. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DAVID Fubero at 954 - 621-8411 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
(Name of Contact Person) (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 Certificate of Status Certificate of Status (Additional copy is enclosed) □ \$43.75 Filing Fee & Certificate of Status (Additional copy is Enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	of	F-11
INTERNATIONAL MEDICAL A	UD AUTURAL FA	CONTRADION TILL
(Name of Corporation as currently filed with the Florida De	ept. of State)	2022 0
-7		2023 DEC 28 AH 11: 09
(Document Number	r of Corporation (if known)	Till Service
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:		prporation adopts the following
A. If amending name, enter the new name of the corporation	<u>.n:</u>	
INTERNATIONAL CARE AND CU name must be distinguishable and contain the word "corporation of the name."	LTURAL FOUNDA on" or "incorporated" or the at	TON, INC. The new obreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ad 		name of the
new registered agent and/or the new registered office ad	<u>uress.</u>	
Name of New Registered Agent:	1/A	
	/	
New Registered Office Address:	(Florida street a	ddress)
	/A	
·	,	, Florida
·	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fam		tions of the position.
* /	A nature of New Registered Agent	
Sig	nature of New Registered 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 X Remove X Add	PT John D Y Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	S	Julia L. Zubero	2605 Tradewinds TRAIL ORLANDO, FL 32805
Remove 2) Change Add	₽D	David L. Zubero	
Remove 3) Remove — Add	<u>V</u> D	Paniel L Zubero	
Remove 4) Change Add	ID	Elizabeth I Zub	ero
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	
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 12/20/2023
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)
(Typed or printed name of person signing)
Tresident Director (Title of person signing)
/