F47890

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/2.p/) Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u>,</u>
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

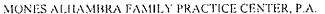
Tallahussee, FL 32314

NAME OF CORPORATION:	MONES ALHAME	BRA FAMILY PRA	CTICE C	ENTER, P.A.	
DOCUMENT NUMBER:	F47890	,			
The enclosed Articles of Amena	Iment and fee are sub	omitted for filing,			
Please return all correspondence	concerning this mat	ter to the following:			
		Dr. Harris Mor	nes		
	- <u>-</u> -	Name of Contact	Person		
		Firm/ Compa	any.		
	26	645 S DOUGLAS R	OAD Apt	502	
		Address			
		MIAMI, FL 33	3133		
		City/ State and Zi	ip Code		
	ŀ	IMones@miamiurg	entcare.co	om	~>
E-m	ail address: (to be us	ed for future annual	report no	tification)	622 C
For further information concern	ing this matter, pleas	se call:			2022 DEC - 1
Dr. Harris M	ones	at (05 _)	494-0536	
Name of Contact Person		A	rea Code	& Daytime Telephone Number	င္မ်ာ
Enclosed is a check for the follo	owing amount made	payable to the Florid	la Departi	ment of State:	; S
	43.75 Filing Fee & crtificate of Status	☐\$43.75 Filing F Certified Copy (Additional copy enclosed)		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		1	Division o	idress ent Section of Corporations tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State) F47890 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: MONES ALHAMBRA FAMILY PRACTICE CENTER, INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered office address:

Name of New Registered Agent

New Registered Office Address:

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

(Florida street address)

(City)

(Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Do	e.	
X Remove	$\frac{\nabla}{}$	Mike Joi	<u>nes</u>	
X Add	\underline{SV}	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change	- 			
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

<u>If amending or addir</u> (Attach <i>additional she</i>	g additional Articles, enter change(s) here: ts, if necessary). (Be specific)	
IF COMPANY MAY	CONDUCT BUSINESS FOR ANY LAWFUL PURPOSE	
		—
	<u></u>	
- , 		
	<u> </u>	
16		
nravicione for impl	vides for an exchange, reclassification, or cancellation of issued shares, menting the amendment if not contained in the amendment itself:	
(if not applicabl	, indicate N/A)	
\3 /1		
· · · · · · · · · · · · · · · · · · ·	1	
· · · · · ·		

	NOVEMBER 8, 2022	
The date of each amendm date this document was sign	ent(s) adoption: ned.	, if other than the
Effective date if applicable	e:	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this in the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
	were adopted by the shareholders. The number of votes cast for the amendment/were sufficient for approval.	u(s)
	were approved by the shareholders through voting groups. The following state eided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of ve	otes cast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
15 1	NOVEMBER 8, 2022	
Dated		
Signature	JIM	<u>-</u>
	(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed tiduciary by that fiduciary)	
	DR. HARRIS MONES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·

1. 1. Sec. 18 1. 18