## F47890

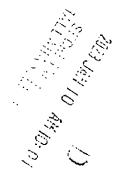
| (Requestor's Name)                      |
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| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE<br>MAR 18 2023                 |

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPO           | RATION: MONES ALHAM  | BRA FAMILY PRACTICI  | E CENTER, INC.  |
|-------------------------|--|--|---|
| DOCUMENT NUM            | BER:   |  |   |
| The enclosed Articles   | of Amendment and fee are su  | bmitted for filing.  |   |
| Please return all corre | spondence concerning this ma   | tter to the following:   |   |
|                         | Samantha Martinez  |  |   |
|                         |  | Name of Contact Person   | 1   |
|                         |  | Firm/ Company  |   |
|                         | 2645 S. Douglas Road #502  |  |   |
|                         |  | Address  |   |
|                         | Miami, FL 33133  |  |   |
|                         |  | City/ State and Zip Code   | 2   |
|                         | smartinez2006@yahoo.com  |  |   |
|                         | E-mail address: (to be us  | sed for future annual report                                       | notification)   |
|                         | n concerning this matter, pleas  |  | 244-0695  |
| Samantha Martinez       | f.C. A. A. P.  | at (305  | de & Daytime Telephone Number   |
| Name                    | of Contact Person  | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for | or the following amount made   | payable to the Florida Depa  | artment of State:   |
| ☑ \$35 Filing Fee       | ☐\$43.75 Filing Fee & Certificate of Status                                      | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                    |
| Am<br>Div<br>P.O        | iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314 | Amend<br>Division<br>The C<br>2415 N                               | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of

MONES ALHAMBRA FAMILY PRACTICE CENTER, INC.

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

| (Name o  | f Corporation as currently      | filed with the Florida Dept. of State)  |                                     |
|--|---------------------------------|---|-------------------------------------|
| F47890   |                                 |   |                                     |
|  | (Document Number of             | Corporation (if known)  | ÷ .                                 |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | 1006, Florida Statutes, this Fi | lorida Profit Corporation adopts the foll                                       | owing amendment(s) to               |
| A. If amending name, enter the new n   | ame of the corporation:         |   |                                     |
|  |                                 |   | The new                             |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Cothartered," "professional association,"  | Corp," "Inc," or "Co". A        | mpany," or "incorporated" or the abbre<br>professional corporation name must co | viation "Corp.,"<br>ontain the word |
| B. Enter new principal office address,   |                                 |   |                                     |
| (Principal office address <u>MUST BE A S</u>   | TREET ADDRESS )                 |   |                                     |
|  |                                 |   |                                     |
|  |                                 | 7   |                                     |
| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST)   |                                 |   |                                     |
| (municipal matricis) and a service of the service o |                                 |   |                                     |
|  |                                 |   |                                     |
|  |                                 |   |                                     |
| D. If amending the registered agent ar   | d/or registered office addre    | ss in Florida, enter the name of the  |                                     |
| new registered agent and/or the new  |                                 |   |                                     |
| Name of New Registered Agent   | Samantha Martinez               |   |                                     |
|  | 2645 S. Douglas Road #502       |   |                                     |
|  | (Florida stree                  | t address)  |                                     |
| New Registered Office Address:   | Miami                           | , Florida   | 133                                 |
|  | (0                              | City)   | (Zip Code)                          |
|  |                                 |   |                                     |
| N' Deistand Amenda Simustone if a  | hanging Degistered Agents       |   |                                     |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist  | ered agent. I am familiar wi    | th and accept the obligations of the posi-                                      | tion.                               |
|  | \)//                            |   |                                     |
|  | • 1                             |   |                                     |
|  | Signature of New Res            | gistered Agent, if changing   |                                     |
|  |                                 | , 0 , 0 0   |                                     |
| Check if annlicable  | =                               |   |                                     |

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.

| X Change                   | <u>PT</u> <u>John</u> | 1 Doe             |  |
|----------------------------|-----------------------|-------------------|--|
| X Remove                   | <u>V</u> <u>Mik</u>   | e Jones           |  |
| X Add                      | <u>SV</u> <u>Sall</u> | y Smith           |  |
| Type of Action (Check One) | <u>Title</u>          | <u>Name</u>       | Address                                  |
| 1) Change                  | P                     | Harris Mones      | 2645 S. Douglas Road #502                |
| Add                        |                       |                   | Miami, FL 33133                          |
| X Remove                   |                       |                   |  |
| 2) Change                  | P                     | Samantha Martinez | 2645 S. Douglas Road #502                |
| X Add                      |                       |                   | Miami, FL 33133                          |
| Remove 3) Change           |                       |                   |  |
| Add                        |                       |                   | <u> </u>                                 |
| Remove                     |                       |                   |  |
| 4) Change                  |                       |                   |  |
| Add                        |                       |                   |  |
| Remove                     |                       |                   |  |
| 5) Change                  |                       |                   |  |
| Add                        |                       |                   |  |
| Remove                     |                       |                   |  |
| 6) Change                  |                       |                   | 70.00.00.00.00.00.00.00.00.00.00.00.00.0 |
| Add                        |                       |                   |  |
| Remove                     |                       |                   |  |

|  | eis, ij necessary).                                       | (Be specific)                               |   |  |              |
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| f an amendment pr  | ovides for an exc   | hange, reclassifica                         | tion, or cancellati                       | on of issued shares,                   |              |
| provisions for impl  | ementing the am   | hange, reclassifica<br>endment if not con   | tion, or cancellati<br>tained in the ame  | on of issued shares, ndment itself:    |              |
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| The date of each amendment(s) a   | doption:   | , if other than the                   |
|---|--|---------------------------------------|
| date this document was signed.  |  |                                       |
| Effective date if applicable:   |  |                                       |
|   | (no more than 90 days after amendment file date)   |                                       |
| Note: If the date inserted in this be document's effective date on the De | lock does not meet the applicable statutory filing requirements, the partment of State's records.  | his date will not be listed as the    |
| Adoption of Amendment(s)  | (CHECK ONE)  |                                       |
| ☐ The amendment(s) was/were add action was not required.                  | opted by the incorporators, or board of directors without shareholde   | er action and shareholder             |
| The amendment(s) was/were add by the shareholders was/were st             | opted by the shareholders. The number of votes cast for the amend afficient for approval.  | ment(s)                               |
| ☐ The amendment(s) was/were approvided for                                | proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s)   | tatement<br>:                         |
| "The number of votes cast   | for the amendment(s) was/were sufficient for approval  |                                       |
| hy  |  |                                       |
| ,   | (voting group)   |                                       |
| Dated   | January 4, 2023  |                                       |
| selecte   | irector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary) |                                       |
|   | Harris Mones   | · · · · · · · · · · · · · · · · · · · |
|   | (Typed or printed name of person signing)  |                                       |
|   | Pres.  |                                       |
|   | (Title of person signing)  |                                       |