## G86283

(Requestor's Name)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Se Division of Cor			
NAME OF CORPO	ORATION: CLINICARE MED	DICAL CENTER, INC.	
DOCUMENT NUN	G86283		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	GLORIA F. PORTAL		
		Name of Contact Person	n
	CLINICARE MEDICAL CE	NTER, INC.	
		Firm/ Company	
	7145 ABBOTT AVENUE		
		Address	
	MIAMI BEACH, FLORIDA	33141	
		City/ State and Zip Cod	e
	GLORIAFPORTAL@GMAI	L.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
GLORIA F. PORTA	Marg & ford	al at (305	861-6044
Name	of Contact Persop	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
M	ailing Address	Street	Address
Amendment Section			Iment Section
Division of Cornerations		Divisio	on of Comorations

P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, El. 32303

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CLINICARE MEDICAL CENTER, INC.

CEINICARE WIEDICAL CENTER, INC		
(Name of Corporation as currently filed with the Flori	da Dept. of State)	
G86283	<del></del>	
(Document Number of Corporation (if known	vn)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpo</i> , its Articles of Incorporation:	ration adopts the following amendment(	(s) t
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation." "company." or "incorporation." or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation "professional association," or the abbreviation "P.A."	ration name must contain the word	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<del></del>		
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)		
Now Bookers of Office A Library	, Florida	
New Registered Office Address: (City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	titurai con afaha manisina	
Thereby accept the appointment as registered agent. I am familiar with and accept the or		
	2024 OC: SECRE TALL	
		7
Signature of New Registered Agent, if ch	anging	177 140
Charlest annihilation	anging HASY	in.
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	PM 4: 3 Of STA: SEE, FL	ブ

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S,D	PILAR F. TRUEBA	7145 ABBOTT AVENUE
X Add			MIAMI BEACH, FLORIDA 33141
Remove			
2) Change	-		
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			2024 OC SELICI TALL
6) Change			
Add			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Remove			PM 4:

E. If amending or adding additional Artic	eles, enter change(s) here:	
(Attach additional sheets, if necessary).	(Be specific)	
	the second secon	
. If an amendment provides for an exchange the amendment provides for implementing the amendment	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	idment if not contained in the amendment tisen.	
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The date of each amendment(s) adoption date this document was signed.	tion:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will not be listed as the tment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	red by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
by	
	(voting group)
09/30/2024 Dated	oria A Joskil
selected, b	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustec, or other court fiduciary by that fiduciary)
G	LORIA F. PORTAL
	(Typed or printed name of person signing)
PF	RESIDENT
_	(Title of person signing)

2024 OCT -7 PM 4: 33
SECRUTARY OF STATE