# L92581

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2018 NOV 16 PH 4: 17

C. GOLDEN NOV 21 2018

#### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LAZARO FRAGA	A, MD.PA	
DOCUMENT NUMB	1.92581		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	NERELYS PER	REZ CANTILLO	
•		Name of Contact Perso	n
	PRIMECARE MEDICAL	. MANAGEMENT	
		Firm/ Company	
	7765 NW 48 ST, S	SUITE 300	
•		Address	
	DORAL, FL.	33166	
		City/ State and Zip Cod	e
	ncantillo@primeca	irefc.net	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
NERELYS PEREZ		305 at (	442 - 1740 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Cliftor	Address  Iment Section on of Corporations  Building Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

## FILED

LAZARO FRAGA, MD, PA

2018 NOV 16 PM 4: 17

(Name of Corporation as current)	v filed with the Florida Dept. of State) ARY OF STATE
1.92581	TALLAHASSEE, FL
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. Hamending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or " word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
<ul> <li>If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address</li> </ul>	
Name of New Registered Agent	
(Florida sir	eet address)
New Registered Office Address:	. Florida
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar v	
40.	<del></del>
Signature of New R	legistered 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.

Evample: <u>X</u> Change	PT Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Si</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DP	RENE CASANOVA	1144 SE 3RD AVE
X Add			FORT LAUDERDALE
Remove			FL. 33316
2) Change	DP	CARL G WHETSELL	4131 SW 6 ST
Add			CORAL GABLES, FL 33134
X Remove			
3 ) Change	-		· -
Add			
Remove			
4) Change	<del></del>	<del>-</del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<del></del>		
	<del></del>			
				<del></del>
· · · · · · · · · · · · · · · · · · ·			<del></del>	
				_
			-	
f an amendment provides for an exch	ange, reclassification	n, or cancellation	of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	adment if not contai	ned in the amendr	nent itself:	
	· -		· · · · · · · · · · · · · · · · · · ·	<del></del>
			<del></del>	·
	<del></del>			<del></del>
	_			

	NOVEMBER 14th, 2018	
The date of each amendment		if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	NOVEMBER 1st, 2018	
<u>a uppreuss.</u>	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each 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)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	11/14/18	
Signature	$\frac{(U/)}{-}$	
	y a director, president of other officer - if directors or officers have not been	
	lected, by an incorporato fif in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
·	LUIS F ZAYAS	
	(Typed or printed name of person signing)	<del></del>
	MANAGER	
	(Title of person signing)	