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R. WHITE

SOUTH FLORIDA MEDICOLL

FAX No. 305 262 2829 F11 定動

#6343 P. 002/005

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19 AUG 28 PM 12: 06

Articles of Amendment to Articles of Incorporation of



	ed with the Florida Dept. of Sta	te)	
N10000010322			
(Documen	nt Number of Corporation (if know	wn)	
ursuant to the provisions of section 617.1006, unendment(s) to its Articles of Incorporation:	, Florida Statutes, this Florida No	ot For Profit Corporatio	n adopts the foll
. If amending name, enter the new name o	f the corporation:		
·			Th
rame must be distinguishable and contain the v Company" or "Co." may not be used in the t		raisd" or the abbreviati	on "Corp." or "
3. Enter new principal office address, if any			
Principal office address <u>MUST BE A STRBI</u>	<u>STADDRESS</u>)		
·			•••
·	*		
Enter new mailing address, if applicable			
(Mailing address MAY BE A POST OFF)	CE BOX)		
		***************************************	·
	<u></u>		
	registered office address in Flo	rida, enter the name of	the
 If amending the registered agent and/or : 		CARLO CONTRACTOR OF THE CONTRA	<u>the</u>
 If amending the registered agent and/or new registered agent and/or the new rew 	THE PARTY OF THE P		
new registered agent and/or the new reg		(4.55.00)	
new registered agent and/or the new registered Agent:	. (Florida street addre.	se)	·
new registered agent and/or the new rev		(#) ·	
new registered agent and/or the new registered Agent:	(Florida street addre	s;)	
Name of New Registered Agent:			(Zip Code)

Page 1 of 4

SOUTH FLORIDA MEDICOLL

FAX No. 305 262 2829

P. 003

H13000182004

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 = Treaturer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an afficer/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		<u>Doe</u> <u>Jones</u> Smith	•
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	DVT	FIDEL RAMIREZ	1125 TUCKER AVE ORLANDO FL 32807
2) Change X_Add	DVT	MARTHA CECILIA ARIAS	1125 TUCKER AVE ORLANDO FL 32807
Remove 3) Change Add			
Remove 4) Change			
Remove 5)ChangeAdd		<u>.</u>	
Remove 6) Change Add			
Remove		Page 2 of 4	<u> </u>

SOUTH FLORIDA MEDICOLL

FAX No. 305 262 2829

H13000192004

If amending or adding additional Arti attach additional sheets, if necessary).	(Be spacific)	
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Page 3 of 4

07/10/2031 04:42

Date of Adoption: 08-23-13	
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.	
Desire Os/23/2013 Signature Oscar O. Vichardo.	•
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)	``
JUAN A PICHARDO	
(Typed or printed name of person signing)	
DIRECTOR	

(Title of person signing)