## N14000004203

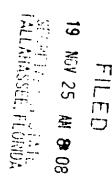
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Medical Missions Inc. 1406000420 DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) Sawille FC 32257
(City/ State and Zip Code) address: (to be used for future annual report notification) For further information concerning this matter, please call: MA-JED B. HASSAW at 904 8 20 95
(Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee ■\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## Articles of Amendment

to
Articles of Incorporation

of

Chapitable Medical Missions Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N 1400000 4203	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
NOLUNTER MEDICAL GROUP Truc. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.	
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)	ก = ก
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:	j
Name of New Registered Agent:	
New Registered Office Address:	
(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
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	
Signature of New Registered 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.

Example: X_Change X_Remove X_Add	PT John Doe Y Mike Jones SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address 1775 STORE VIEW DR	こん
1) Change	T K. MAR	Address  1715 STIURE VIEW DR  18 Kalel TACK SONVILLE, FL  3221	Я
XAdd			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove		<del></del>	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amending or adding additional Arti</u> (attach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) adoption:	121,2019	, if other than the
Effective date if applicable:	ys after amendment file date)	
Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.		date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the members and was/were sufficient for approval.	the number of votes cast for the amenda	ment(s)
☐ There are no members or members entitled to vote on the a adopted by the board of directors.	amendment(s). The amendment(s) was/	were
Dated Nov 21, 2	019	
Signature  (By the chairman or vice chairman of the have not been selected, by an incorpora other court appointed fiduciary by that	itor – if in the hands of a receiver, truste	
MAJED B. (Typed or pi	HASSAW M. I rinted name of person signing)	<u>)                                    </u>
Preside	Title of person signing)	