

N15000007123

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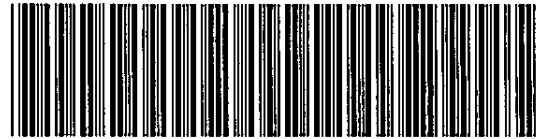
(Business Entity Name)

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NOV 28 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE HEALTHCARE LEARNING AND PERFORMANCE CENTER, CORP.

DOCUMENT NUMBER: N15000007123

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROMAN, CESAR M

(Name of Contact Person)

THE HEALTHCARE LEARNING AND PERFORMANCE CENTER, CORP.

(Firm/ Company)

2245 NW 110 AVENUE

(Address)

MIAMI, FL 33172

(City/ State and Zip Code)

cmroman58@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMAN, CESAR M

305

336-0043

at

(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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|--|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 NOV 21 PM 2:40

THE HEALTHCARE LEARNING AND PERFORMANCE CENTER, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

N15000007123

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new 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**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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: N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

, Florida N/A

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I 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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DC</u>	<u>Fabio Nascimento</u>	<u>950 NW 20TH STREET</u> <u>MIAMI, FL 33127</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Nicole Renee Heim</u>	<u>6915 GLENN LANE</u> <u>KANSAS CITY, MO 64152</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Cheri Sunshine Petersen</u>	<u>01 N. MAIN STREET #1B</u> <u>COLVILLE, WA 99114</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Laobat Moez</u>	<u>1399 NW 87TH AVENUE</u> <u>CORAL SPRINGS, FL 33071</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Sergio Castro</u>	<u>8901 SW 157 AVE SUITE 16-103</u> <u>MIAMI, FL 33196</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Jaime Viñas</u>	<u>15765 SW 112 TERRACE</u> <u>MIAMI, FL 33196</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

ARTICLE III – PURPOSE & ACTIVITIES; Change to section (b) PURPOSE; 1) & 2)

1) Seek to enhance healthcare outcomes through patient safety. We will partner with stakeholders in education, science and direct patient care to innovate and improve patient safety and care in meaningful ways. We are dedicated to focusing our efforts where they are most needed, and will prioritize resources in social and/or economically underprivileged communities. In this work, we are committed to the teachings of Jesus Christ that emphasize love, inclusion and respect.

2) Our core objectives include, but are not limited to, the following: (I) Working tirelessly to positively impact global patient safety. (II) Enhancing lives through improving healthcare outcomes. (III) Prioritization of efforts beginning first in social and/or economically disadvantaged areas of South and Central America and expand globally to areas in need. (IV) Maintaining open communication with the populations we serve and our stakeholders; ensuring that our work aligns with participant and stakeholder specific needs. (V) Fostering a spirit of cooperation and goodwill that encourages the global sharing of beneficial findings, the Corporation shall provide education, obtain funding, administer and provide technical assistance for partner projects in the United States and abroad. (VI) Promoting our stakeholders, at every level, for their involvement and participation; and demonstrating gratitude and thankfulness for opportunities where we are able to serve.

The date of each amendment(s) adoption: N/A
date this document was signed.

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DIVISION OF CORPORATIONS
if other than the

Effective date if applicable: N/A

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(no more than 90 days after amendment file date)

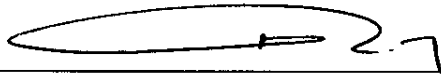
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ 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.

Dated OCTOBER 15, 2016

Signature



(By 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)

Cesar M. Roman

(Typed or printed name of person signing)

Treasurer

(Title of person signing)