N16000000418

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(Address)

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TALLAHASSEE, FLORIDA

4/28/16

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HANDA INTERNATIONAL MEDICAL CENTER, CORPORATION

DOCUMENT NUMBER: N16000000418

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

Please return all correspondence concerning this matter to the following:

ABDUL KAMARA
(Name of Contact Person)

HANDA INTERNATIONAL MEDICAL CENTER, CORPORATION
(Firm/ Company)

200 NE 158TH STREET
(Address)

MIAMI FL 33162
(City/ State and Zip Code)

abdulkamara735@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABDUL KAMARA at 786 859-7388
(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:

- ☐ $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)

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

HANDA INTERNATIONAL MEDICAL CENTER, CORPORATION

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

N16000000418

(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:

_______________ *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)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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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: ABDUL KAMARA

New Registered Office Address: 200 NE 158 STREET
(Florida street address)

MIAMI, Florida 33162
(City) *(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:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	C	INNOCENT O. CHINWEZE	13361 SW 42 ST
____ Add			MIRAMAR FL 33027
X Remove			
2) ____ Change	C	ABDUL KAMARA	200 NE 158TH STREET
X Add			MIAMI FL 33162
____ Remove			
3) ____ Change	P	HELENA F KAMARA	200 NE 158 STREET
____ Add			MIAMI FL 33162
X Remove			
4) ____ Change	VT	HELENA F KAMARA	200 NE 158 STREET
X Add			MIAMI FL 33162
____ Remove			
5) ____ Change	P	ABDUL KAMARA	200 NE 158 STREET
X Add			MIAMI FL 33162
____ Remove			
6) ____ Change			
____ Add			
____ Remove			

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

CHANGE CORPORATION TYPE FROM DOMESTIC TO INTERNATIONAL.

04/25/2016

The date of each amendment(s) adoption: ______________, if other than the date this document was signed.

Effective date if applicable: ______________

(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)**

- [x] 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 04/25/2016

Signature A. Kamara

(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)

ABDUL KAMARA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)