

N17000008684

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(Address)

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Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2017

RAFAEL ULLOA
THE MEDICAL BRIGADES FOUNDATION INC.
1111 PARK CENTRE BOULEVARD SUITE 206
MIAMI GARDENS, FL 33169

SUBJECT: THE MEDICAL BRIGADES FOUNDATION INC.
Ref. Number: N17000008684

RECEIVED
17 DEC -1 PM 2:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please file the document as either Articles of Amendment or Restated Articles of Incorporation pursuant to applicable Florida Statutes.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

A certificate must accompany the Restated Articles of Incorporation setting forth one of the following statements: (1) The restatement was adopted by the board of directors and does not contain any amendments requiring member approval; OR (2) If the restatement contains an amendment requiring member approval, the date of adoption of the amendment by the members and a statement that the number of votes cast for the amendment was sufficient for approval.

ARE YOU ADDING RAFAEL ULLOA AS A DIRECTOR? IF YOU CHOOSE TO FILE THE ARTICLES OF AMENDMENT, PLEASE ADD ANY ADDITIONAL CHANGES TO PAGE 3 OF 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent

Letter Number: 817A00021183

*If you have
any questions
please call
at 305-522-6342
Domingo Jimenez*

www.sunbiz.org

ations, P.O. BOX 6227, Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE MEDICAL BRIGADES FOUNDATION INC.

DOCUMENT NUMBER: N1700003884

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

Please return all correspondence concerning this matter to the following:

RAFAEL ULLOA

(Name of Contact Person)

THE MEDICAL BRIGADES FOUNDATION INC.

(Firm, Company)

111 PARS CENTRE BOULEVARD SUITE 206

(Address)

MIAMI GARDENS, FLORIDA 33169

(City, State and Zip Code)

JIMENEZACCOUNTING@GMAIL.COM

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

For further information concerning this matter, please call:

RAFAEL ULLOA

Ext.

200-6915

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State

<input checked="" type="checkbox"/> \$33 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$53.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee & Certificate of Status & Certified Copy (Additional Copy is enclosed)
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Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Citizen Building
200 PARS CENTRE Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

THE MEDICAL BRIGADES FOUNDATION, INC.

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

NE 000008684

(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)

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

New Registered Office Address

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 officer title:

P = President, V = Vice President, T = Treasurer, S = Secretary, D = Director, TR = Trustee, C = Chairman or Clerk, CFO = 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 PTDD.

Changes should be noted in the following manner: correctly John Doe is listed as the C, CFO and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith becomes the V, and S. Jones should be noted as John Doe PT as a Change, Mike Jones V as Remove, and Sally Smith S as an Add.

Example:

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	AT	JEFF A. ULLMAN	181 AMBROISE NEWPORT BEACH CA 92657
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	JEFF A. ULLMAN	181 AMBROISE NEWPORT BEACH CA 92657
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	S	LOU R. D'AMICO	15825 NW 16TH COURT DEMBROKE PINES FL 33028
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	AT	LOU R. D'AMICO	15825 NW 16TH COURT DEMBROKE PINES FL 33028
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

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

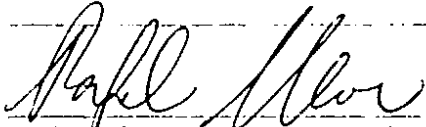
Effective date if applicable: _____
(no more than 90 days after amendment is taken)

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 5TH 2017

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)

RAFAEL ULLOA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)