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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address | : |  |  |
|-------|---------|---|--|--|
|       |         |   |  |  |

## COR AMND/RESTATE/CORRECT OR O/D RESIGN EHDOC SAN CRISTOBAL CHARITABLE CORPORATION

| Certificate of Status | 0       |
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| Certified Copy        | 1       |
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OCT 1 5 2019

Help

## Articles of Amendment to Articles of Incorporation of

. of

| EHDOC San Cristobal Charitable Curporation   |   |                                      |      |
|--|---|--------------------------------------|------|
| (Name of Corporation as  | currently filed with the Florid                                 | da Dept. of State)                   |      |
| N18000011206   |   |                                      |      |
| (Document  | Number of Corporation (if kno                                   | own)                                 |      |
| ursuant to the provisions of section 617.1006, Florida nendment(s) to its Articles of Incorporation:                                   | Statutes, this Florida Not For                                  | Profit Corporation adopts the follow | wing |
| If amending name, enter the new name of the co   | rporation:  |                                      |      |
|  |   | The                                  | new  |
| ame must be distinguishable and contain the word "contain the word "contain the mame".  Company" or "Co." may not be used in the name. | orporation" or "incorporated"                                   | or the abbreviation "Corp." or "In   | ıc." |
| Enter new principal office address, if applicable principal office address <u>MUST BE A STREET ADD</u>                                 |   |                                      |      |
|  |   |                                      |      |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)  | <u> </u>  |                                      | 70-6 |
|  |   |                                      |      |
| . If amending the registered agent and/or register   | ed office address in Florida, e                                 | enter the name of the                | 2    |
| new registered agent and/or the new registered of  | office address:   |                                      | ξ    |
| Name of New Registered Agent:  |   |                                      |      |
|  | (Flo  | rida street address)                 |      |
| New Registered Office Address:   |   |                                      |      |
|  |   | , Florida<br>(Zip Code)              |      |
|  | (City)  | (Zîp Code)                           |      |
| ew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.                                    | i <mark>stered Agent:</mark><br>I am familiar with and accept t | he obligations of the position.      |      |
|  | Signature of New Registe  | ered Agent, if changing              |      |

Page 1 of 4

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 | <u>Y Mik</u> | n Doe<br>ke Jones<br>ly Smith |                                   |
|----------------------------------|--------------|-------------------------------|-----------------------------------|
| Type of Action<br>(Check One)    | <u>Title</u> | <u>Name</u>                   | <u>Addres</u> s                   |
| 1) Change                        | CE           | Morton Bahr                   | 1580 Sawgrass Corporate Prkwy, St |
| Add                              |              |                               | Fort Lauderdale, Florida 33323    |
| X Remove                         |              |                               |                                   |
| 2) Change                        |              | <del> </del>                  |                                   |
| Add                              |              |                               |                                   |
| Remove                           |              |                               |                                   |
| 3) Change                        |              |                               |                                   |
| Add                              |              |                               |                                   |
| Remove                           |              |                               |                                   |
| 4) Change                        | <del></del>  |                               |                                   |
| Add                              |              |                               |                                   |
| Remove                           |              |                               |                                   |
| 5) Change                        |              |                               |                                   |
| Add                              |              |                               |                                   |
| Remove                           |              |                               |                                   |
| 6) Change                        | <del></del>  |                               |                                   |
| Add                              |              |                               |                                   |
| Remove                           |              |                               |                                   |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |   |
|---|---|
| (utach additional sheets, if necessary). (Be specific)  |   |
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| The date of each amendments                        | (s) adoption:   | , if other than the                   |
|--|---|---------------------------------------|
| date this document was signed.                     |   |                                       |
|  | October 10, 2019  |                                       |
| Effective date <u>if applicable</u> :              | (no more than 90 days after amendment file date)  | · · · · · · · · · · · · · · · · · · · |
|  | is block does not meet the applicable statutory filing requirements, this date will not be department of State's records.   | ot be listed as the                   |
| Adoption of Amendment(s)                           | ( <u>CHECK ONE</u> )  |                                       |
| The amendment(s) was/we was/were sufficient for ap | ere adopted by the members and the number of votes cast for the amendment(s) proval.  |                                       |
| There are no members or adopted by the board of d  | members entitled to vote on the amendment(s). The amendment(s) was/were irectors.   |                                       |
| Octob<br>Dated                                     | er 10, 2019   |                                       |
| Signature  | navie (ordene   |                                       |
| have n   | chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary) |                                       |
| Ma   | ria C. Cordone  |                                       |
|  | (Typed or printed name of person signing)   |                                       |
| Sec  | retary  |                                       |
|  | (Title of person signing)   |                                       |