2/3/2016

N28879

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations
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16 MAR -2 AM 9:07

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
NICARAGUAN AMERICAN MEDICAL ASSOCIATION, INC.
(NAMA)

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$35.00

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February 4, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NICARAGUAN AMERICAN MEDICAL ASSOCIATION, INC. (NAMA)
11662 SW 152 CT
MIAMI, FL 33196US

SUBJECT: NICARAGUAN AMERICAN MEDICAL ASSOCIATION, INC. (NAMA)
REF: N28879

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must have original signatures.

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

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H16000028417
Letter Number: 016A00002396

RECEIVED
16 MAR -2 AM 11:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

16 MAR -2 AM 9:06

Articles of Amendment
to
Articles of Incorporation
of

NICARAGUAN AMERICAN MEDICAL ASSOCIATION, INC. (NAMA)

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

N28879

(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: _____

_____
(Florida street address)

New Registered Office Address:

_____, Florida _____
(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	D	RODOLFO FERRETI	1171 SKYLARK DR
XX Add			WESTON, FL 33327
___ Remove			
2) ___ Change	D	SILVIANO MATAMOROS	1171 SKYLARK DR
XX Add			WESTON, FL 33327
___ Remove			
3) ___ Change	D	JUAN PRIETO	1171 SKYLARK DR
XX Add			WESTON, FL 33327
___ Remove			
4) ___ Change	D	AGUSTIN TORUNO	1171 SKYLARK DR
XX Add			WESTON, FL 33327
___ Remove			
5) ___ Change	D	Armando Bermúdez	1171 Skylark Dr Weston, FL 33327
XX Add			
___ Remove			
6) ___ Change	D	Mario Jimenez	1171 Skylark Dr Weston, FL 33327
XX Add			
___ Remove			

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

The date of each amendment(s) adoption: 01/27/2016, 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)

☐ 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 01/27/2016

Signature ⊗ F Espinoza MD
(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)

Dr. Francisco Espinoza
(Typed or printed name of person signing)

P
(Title of person signing)