PODOCO DE SON DE LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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NEW FILINGS	AMENDMENTS	
Profit	Amendment	٠,
NonProfit	Resignation of R.A., Officer/Director	
	Change of Registered Agent	
Limited Liability	Dissolution/Withdrawal	•
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	Reinstatement
	Trademark .
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Examiner's Initials

Annual Report
Fictitious Name

Name Reservation

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

OF

MEDICAL INSTITUTE OF MIAMI, INC

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE VI

The address of its principal office is:

7805 Coral Way Ste 126 Miami, Florida 33155

ARTICLE VII

The number of directors constitutuing its
(1) whose name(s) and address(es) is (are):

Mario Sanchez Jr.
7805 Coral Way Ste 126
Miami, Florida 33155
President

Board of Directors is

ARTICLE IX

The registered agent and registered office for the corporationshall be:

Mario Sanchez, Jr. 7805 Coral Way Ste 126 Miami, Florida 33155

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

ON WAR 12 PM
SECRETARISEE, FI

Pursuant to the provisions of section 607.0501, Florida Statutes; the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that MEDICAL INSTITUTE OF MIAMI, INC
desiring to organize under the laws of the State ofFlorida
with its principal office, as indicated in the articles of incorporation has
named Mario Sanchez Jr
located at 7805 Coral Way Ste 126
City ofCounty ofCorida State of Florida,
as its agent to accept service of process within this state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURES

Registered Agent