001000051197

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1
		

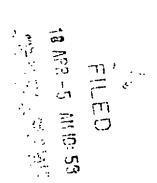




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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: TOTAL MEDICA	AL CONSULT	ANTS INC	
DOCUMENT NUMBER				
The enclosed Articles of A	mendment and fee are so	ıbmitted for fil	ing.	
Please return all correspon-	dence concerning this ma	atter to the follo	owing:	
CH.	ARLES WEISS			
		Name of C	ontact Perso	n .
TO	TAL MEDICAL CONSU	JTANTS INC		•
		Firm/ (Company	
213	HOLLYWOOD BLVE		• •	
		Ad	dress	
НО	LLYWOOD FL 3302	0.0		
 -		City/ State	and Zip Cod	 e
CHARLE:	SPWEISS@YAHOO.CO)M		
	E-mail address: (to be us		nnual report	notification)
For further information con	cerning this matter, pleæ	se call:		
CHARLES WEISS		at (305-	935-6288
Name of Co	ntact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the I	lorida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fill Certified (Additional enclosed)	Ору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division o P.O. Box	nt Section of Corporations		Amendi Division Clifton	Address ment Section n of Corporations Building Recutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P01000051197 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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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(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
(Florida street address)
New Registered Office Address:
(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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	VP	CHARLES WEISS	1000 ISLAND BLVD #606
Add			AVENTURA FL 33160
Remove			
2) Change	P	JUNE WEISS	1000 ISLAND BLVD #606
X Add			AVENTURA FL 33160
Remove			
3)Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Changa			
6) Change		-	
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary),	(Be specific)
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- · · · · · · · · · · · · · · · · · · ·	
	
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<u></u>	
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required. The amendment(s) was/were a	dopted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholde	
action was not required. APRIL Dated	2, 2018	
selec	director, president or other officer – if directors or officers have not be ded, by an incorporator – if in the hands of a receiver, trustee, or other officer by that fiduciary)	
	CHARLES WEISS	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	