# 123000/43713

| (Re                     | questor's Name)   |             |
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| (Cil                    | ry/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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Office Use Only



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Decend Wills

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

|  | TY HEALTH MEDICAL CENTER INC  |
|--|---|
| DOCUMENT NUMBER: P03000143   | 773   |
| The enclosed Articles of Amendment and fee are   | e submitted for filing.   |
| Please return all correspondence concerning this   | matter to the following:  |
| JOSE M DE XI   | MENO  |
|  | Name of Contact Person  |
| HUMANITY HE  | EALTH MEDICAL CENTER INC  |
|  | Firm/ Company   |
| 8660 W FLAGL   | LER ST, STE 209   |
|  | Address   |
| MIAMI, FL 331  | 44  |
|  | City/ State and Zip Code  |
| humanityhealth@g   | mail.com  |
| E-mail address: (to b  | e used for future annual report notification)   |
| For further information concerning this matter, p  | lease call:   |
| JOSE M DE XIMENO   | at (305 ) 982-8763  |
| Name of Contact Person   | Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount ma  | de payable to the Florida Department of State:  |
| \$35 Filing Fee Statu  State  \$43.75 Filing Fee & Certificate of Statu                        |   |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

## **Articles of Amendment** Articles of Incorporation $\mathbf{of}$

### HUMANITY HEALTH MEDICAL CENTER INC

# P03000143773

| •  | Articles of An   | nendment                  |                         |               |
|--|--|---------------------------|-------------------------|---------------|
|  | to<br>Articles of Inco   | orporation                | n <sub>z</sub> ,        | 1.7%          |
|  | of   | N 1N 10                   | 21/2 SEP 14             |               |
| HUMANITY HEALTH M  |  |                           | 347                     | PAID.         |
|  | s currently filed with the Fl  | orida Dept. of State)     | LANGE SE                | 4 \$5         |
| P03000143773   |  |                           |                         | 4.6.7         |
| (Docume  | nt Number of Corporation (if   | known)                    |                         | L. A.         |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | 1006, Florida Statutes, this <i>I</i>  | Iorida Profit Corporatio  | on adopts the following | g amendment(s |
| A. If amending name, enter the new n   | ame of the corporation:  |                           |                         |               |
|  |  |                           |                         | The new       |
| name must be distinguishable and con<br>"Corp.," "Inc.," or Co" or the design<br>word "chartered," "professional associa | nation "Corp," "Inc," or "C  | Io". A professional con   |                         |               |
| B. Enter new principal office address,   | if applicable:   | 8660 W FLA                | GLER ST                 |               |
| (Principal office address <u>MUST BE A S</u>   |  | SUITE 209                 |                         |               |
|  |  | MIAMI, FL 33              | 3144                    | _             |
| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST  |  | 8660 W FLA                | GLER ST                 |               |
|  | <del></del>  | SUITE 209                 |                         | •             |
|  |  | MIAMI, FL 33              | 3144                    |               |
| D. If amending the registered agent ar<br>new registered agent and/or the ne   |  | ess in Florida, enter the | name of the             |               |
| Name of New Registered Agent  JOSE M DE XIMENO   |  |                           |                         |               |
|  | 8660 W FLAGLE  | R ST, STE 20              | 9                       |               |
|  | (Florida stre  | et address)               | <del></del>             |               |
| New Registered Office Address:   | MIAMI  | , Flo                     | rida 33144              |               |
|  | (City)   |                           | (Zip Code)              |               |
|  |  |                           |                         |               |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis.  Si                                     | hanging Registered Agent:<br>tered agent Lam familiar w<br>gnature of New Registered A |                           | utions of the position. |               |
|  | \  | ·                         |                         |               |

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.

| X Change                   | PT Jo               | hn Doe           |  |
|----------------------------|---------------------|------------------|--|
| X Remove                   | <u>V</u> <u>M</u>   | ike Jones        |  |
| X Add                      | <u>SV</u> <u>Sa</u> | lly Smith        |  |
| Type of Action (Check One) | <u>Title</u>        | <u>Name</u>      | <u>Addres</u> s  |
| 1) Change                  | Р                   | JOSE M DE XIMENO | 8660 W FLAGER ST   |
| X Add                      |                     |                  | SUITE 209  |
| Remove                     |                     |                  | MIAMI, FL 33144  |
| 2) X Change                | VP                  | CARLOS HERNANDEZ | 8660 W FLAGLER ST  |
| , Add                      |                     |                  | SUITE 29   |
| Remove                     |                     |                  | MIAMI, FL 33144  |
| 3 ) Change                 |                     |                  |  |
| Add                        |                     |                  |  |
| Remove                     |                     |                  |  |
| 4) Change                  |                     |                  |  |
| Add                        |                     |                  |  |
| Remove                     |                     |                  |  |
| 5) Change                  |                     |                  | - Allert and an artist and artist artist and artist and artist artist and artist artist and artist artist and artist artist artist artist and artist arti |
| Add                        |                     |                  |  |
| Remove                     |                     |                  |  |
| 6) Change                  |                     |                  | ngan manangan  |
| Add                        |                     |                  |  |
| Damaya                     |                     |                  |  |

|           | litional sheets | ; if necessary)                       | . (Be specij  | change(s) her<br>(ic) | <del></del>                    |                                 |             |
|-----------|-----------------|---------------------------------------|---------------|-----------------------|--------------------------------|---------------------------------|-------------|
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| provision | s for implem    | ides for an exemple and indicate N/A) | change, recla | ssification, o        | r cancellation<br>in the amend | of issued share<br>ment itself: | <u>es.</u>  |
|           |                 |                                       |               |                       | <u></u>                        |                                 |             |
|           |                 |                                       |               |                       |                                |                                 |             |
|           |                 |                                       |               |                       |                                |                                 |             |
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|           |                 |                                       |               |                       |                                | . 10 110                        |             |
|           |                 |                                       |               | •                     |                                |                                 |             |

| The date of each amendme                             | nt(s) adoption: 09/04/2012   |
|--|--|
| Effective date if applicable                         | 00/04/2012   |
| паррисани  | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s                              | ) ( <u>CHECK ONE</u> )   |
|  | vere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.  |
|  | vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):  |
| "The number of vot                                   | tes cast for the amendment(s) was/were sufficient for approval   |
| by   | (voting group)   |
|  | (voting group)   |
| ☐ The amendment(s) was/w action was not required.    | vere adopted by the board of directors without shareholder action and shareholder  |
| ☐ The amendment(s) was/w<br>action was not required. | vere adopted by the incorporators without shareholder action and shareholder   |
| Dated 09   | 0/04/2012  |
| Signature  |  |
|  | (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
|  | JOSE M DE XIMENO   |
|  | (Typed or printed name of person signing)  |
|  | PRESIDENT  |
|  | (Title of person signing)  |