P03000154533

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: ORD MEDICAL	L CENTER INC	
DOCUMENT NUN	D02000154522		
The enclosed Article	es of Amendment and fee are so	ubmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	CARLOS A CHICA		
		Name of Contact Person	n
	O R D MEDICAL CENTER INC		
		Firm/ Company	
	9600 SW 8 ST SUITE 29		
	, , , , , , , , , , , , , , , , , , , ,	Address	
	MIAMI FL 33174	_	
		City/ State and Zip Cod	e
	MANGG11@YAHOO.COM		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	ion concerning this matter, plea	ise call:	
CARLOS A CHICA	A	at (3f ₁
······································		de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassec V. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

O R D MEDICAL CENTER INC.		
(Name of Corporation as current) P03000154533	ly filed with the Florida Dept. of State)	
	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amend	lment(s) to
A. If amending name, enter the new name of the corporation:		
		iew
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". I chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the we	o.," ord
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	2028 NUG 31	
	Ę	,
	ω	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Ali 10: 2:	_
	23	
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address 	ress in Florida, enter the name of the	
Name of New Registered Agent		
(Florida str	reet address)	
New Registered Office Address:	. Florida	
	(City) (Zip Code)	_
Nov. P. 14 . 14 . 15 Ct		
New Registered Agent's Signature, if changing Registered Agent: I herehy accept the appointment as registered agent. I am familiar v	in the state of the position is a state of the position.	
, , , , ,	and decept the congunities of the position.	
-		
Signature of New R	egistered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.	

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P S	OSMANY RODRIGUEZ	9600 SW 8 ST SUITE 29
Add X			MIAMI FL 33174
Remove 2) Change	P S	CARLOS A CHICA	6684 SW 163RD PL
X Add			MIAMI FL 33193
Remove 3) Change		<u></u>	
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
-	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	······································

	08/24/2020		
	;) adoption:		, if other than
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more tha	an 90 days after amendment file date)	*****
Note: If the date inserted in the document's effective date on the		oplicable statutory filing requirements, this distance.	ate will not be listed as
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were action was not required.	adopted by the incorporators,	, or board of directors without shareholder act	ion and shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. e sufficient for approval.	The number of votes cast for the amendment	(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders for each voting group entitled	s through voting groups. The following statem d to vote separately on the amendment(s):	ent
"The number of votes	east for the amendment(s) was	were sufficient for approval	
by		71	
	(voting group)	 -	
08/24/2	020		
Signature	[1][]		
(By sele	a director, president or other of	officer – if directors or officers have not been in the hands of a receiver, trustee, or other cou- cary)	rt
	CARLOS A CHICA		
	(Typed or print	ted name of person signing)	
	PRESIDENT		
	(Title of persor	n signing)	

the

the