## P04000115833

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C. LEWIS

NOV 2 1 2013

EXAMINER



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	CATION:	· · · · · · · · · · · · · · · · · · ·	CAL INSTITUTE,INC.		
DOCUMENT NUME	BER: P0400011583	3			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	LUCILA STEWART				
	Name of Contact Person				
	AGUILAS INTERNATIONAL MEDICAL INSTITUTE, INC				
		Firm/ Company			
	2137 W. DR.MAF	RTIN LUTHER K	ING JR. BLVD		
		Address			
	TAMPA, FL 3360	7			
		City/ State and Zip Code	e		
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	e call:			
LUCILA STEWART 239-7264					
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	irtment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	©\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ling Address	Street Address			
	endment Section sion of Corporations	Amendment Section Division of Corporations			
	Box 6327	Clifton Building			
Talla	ahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

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Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed					_
P04000115833		TOR DOPE OF C	,		
(Document Number of Co	orporation (if k	nown)			_
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Flo	orida Profit Co	orporation add	opts the followin	ng amendment(s)
A. <u>If amending name, enter the new name of the corp</u> AGUILAS INTERNATIONAL TEC!	<del></del>	NSTITU <sup>-</sup>	ΓE, INC.		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co	". A professi	or "incorpor onal corporat	ated" or the a ion name must	 bbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	ESS)			_	_
					_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ı				_
•					-
·					_
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		s in Florida, e	nter the name	e of the	
Name of New Registered Agent					
	(Florida street	address)			
New Registered Office Address:			, Florida		-
	(City)			(Zip Code)	
Num Desirement Agamata Circumstatic Colorests Desirement	ound &				
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		h and accept th	e obligations	of the position.	
Signature of Voy					

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 <math>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)	Title	Name	<u>Addres</u> s
1) Change			2137 W. DR.MARTIN LUTHER KING JR. BLVD
Add			<u> </u>
Remove			
2) Change		_	
Add			
Remove			
3 ) Change			***
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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SECRETARY OF STATE
TALLAHASSEE\_FIL othersthan the

The date of each amendment(s)	ndoption:
date this document was signed.  Effective date if applicable:	9/23/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were ap must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were accaetion was not required.	lopted by the incorporators without shareholder action and shareholder
Signature, (By a	director president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fidudiary by that fiduciary)
	LUCILA STEWART
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)