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COVER LETTER

Division of Corporations		
NAME OF CORPORATION: Comprehensive Breast Center, Inc		
DOCUMENT NUMBER: 204000172341		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Alvaro Garcia Villegas Name of Contact Person		
Comprehensive Breast Center, Inc		
6401 SW 87 th ave #122		
700: 6 - 1 23.173		
Miami Fl 33173 City/ State and Zip Code		
City, but and sip code		
E-mail address: (to be used for future annual report notification)		
E-mail-address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Olvaro Garcia Villegas at (305) 279-7275 Name of Contact Person Area Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)		

Mailing Address

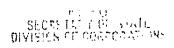
TO: Amendment Section

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

to Articles of Incorporation



of

Comprehensive	2 Breast	Center	TOC 15	5 MAY 12	AM 9:47
(Name of Corpor	ration as currently f	Center	Dept. of State		
	17.2341				
		orporation (if known)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Fla</i>	orida Profit Corporatio	on adopts the follo	owing amendm	ent(s) to
A. If amending name, enter the new name of th	e corporation:				
				The ne	w
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co	". A professional cor	corporated" or the poration name m	ne abbreviatio sust contain th	n e
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A					
(17 mequi dyree auness <u>meet bu 11 51 meet 1</u>	<u> </u>				
C. Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE</u>	(BOX)				
				<u> </u>	
D. If amending the registered agent and/or registered agent and/or the new registered		s in Florida, enter the	name of the		
Name of New Registered Agent					
	(Florida street	address)			
New Registered Office Address:			, Florida		
New Alegistered Office Huaress.	(C	lity)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ages		th and accept the oblige	ations of the posit	ion.	
	•	- 5	- .		
	Ciomatum of Nov. De-	istand Agent if ab	-in-7		
<u> </u>	signature oj New Keg	gistered Agent, if chang	ung		

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	PT	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) Change	7	<u> alvaro Garcia Villegas</u>	6734 NW 107 P
X Add			Doral, 71 33178
Remove			
2) Change	7	Yvelle Almeida	PO BOX 160608
Add			Miami, F1 3311
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
	····		
·			
f an amendment provides for an excl provisions for implementing the ame	nange, reclassification, or c	ancellation of issued s	<u>shares.</u>
(if not applicable, indicate N/A)	noment it not contamed in	the amenument usen	<u>.</u>
			<u> </u>

The date of each amendment(s) adoption:	r hat b
date this document was signed.	DIVISION OF CORPORALICHS
Effective date if applicable: (no more than	90 days after amendment file date) 15 HAY 12 AM 9: 47
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's records.	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/v	
by(voting group)	.,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of director action was not required.	ers without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators was not required.	ithout shareholder action and shareholder
Dated5/1/15	
Simon	
Signature(By a director, president or other of	fficer – 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 fiducia	ry)
alvaro	Sparcia Villegas and name of person signing)
	sident
(Tit	le of person signing)