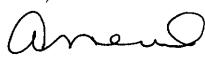
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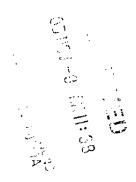


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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy ☐ Photocopy Mail out Certificate of Status ₩ill wait **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report Foreign Fictitious Name ☐ Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF AMENDMENT

OT

FILED E. OI

ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

CALLIAN MEDICAL Institute, INC

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate anicle number(s) being amended, added or deleted)

Sec. A Hach.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

FOURTH: Adoption of Amendment's adoption:

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).]

The number of votes cast for the amendment(s) was/were sufficient for

(voting group)

approval by

Signed this	3	_dayof	Nonember	<u>,</u>	2005.
Ву	(Chaiman other offic	or Vice Cha er if adopte	irman de irman of the Board d by the sharehold OR ator if adopted by	Directors, P	
-	£	orka Type	Firmand d or printed name)	les	
			rendert/	DIRECTOR	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED! AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS MY POSITION AS REGISTERED AGENT.

SIGNAT	URE 2016	atemada
DATE	11/3/05	

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

CALUSA MEDICAL INSTITUTE, INC.

Amedment(s) adopted:

Article V – Directors

Delete Old D-P Teresita Polit

6824 NW 179 Street # 206 Miami Lakes, FL 33015

Add New D-P Zoika Fernandez

8511 NW 8 Street # 210

Miami, FL 33126

Registered Agent

Delete Old R/A Teresita Polit

6824 NW 179 Street # 206 Miami Lakes, FL 33015

Add New R/A Zoika Fernandez

8511 NW 8 Street # 210

Miami, FL 33126