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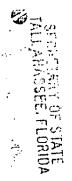
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SEP 29 2015 A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Congration Medical Center one
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOR LUIS HUEIRES Name of Contact Person Ver Generation Medical Center Mc Firm/ Company 326 SW 12 ave + A Address Migmi R 33130 City/ State and Zip Code WM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Top Wis Huerres at (305), 545 B913 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 Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Generation Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

	Articles of Amendment	FIL	ED
	to Articles of Incorporation of	2016 SEP 21	4 Ppg 1:45
New Genera	other Medical	Centeriani	STATE FLORIDA
(Name of Corporation as curren	tly filed with the Florida Dept. of S	State) TALLAMAS	Service Agency
P0500	00072948		and the second second
(Document Numb	er of Corporation (if known)	•	•
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this Florida Profit Co	prporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the	<u>ie corporation;</u>		
1			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered." "professional association," or B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.	Corp," "Inc," or "Co". A professing the abbreviation "P.A." able:	or incorporation name must o	ontain the
C. Enter new mailing address. if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
	 _,,		•
D. If amending the registered agent and/or reg new registered agent and/or the new register		nter the name of the	
	<i>*</i>		
Name of New Registered Agent			
	(Florida street address)	····	
New Presistant Office Address		, Florida	
New Registered Office Address:	(City)	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered age	nt. I am familiar with and accept th	e obligations of the position.	

Signature of New Registered Agent, if changing

P = President; V = r	Vice President; T= Treasure	r; S= Secretary; D= Director; 1	ficer/director being removed and title, name, and It Trustee; C = Chairman or Clerk; CEO = Chief mo han one title, list the first letter of each office as the These's and Mike Jones is listed as the V. There is 'd be noted as John Doe, PT as a Change,	
X Remove	V Mike Jones			
_X Add	SV Sally Smith			
Type of Action (Check One)	Title Name	ę.	<u>Addres</u> s	
1) Change	VP Cal	uro Alburio	326 SW 12ave Suite A	
A Acto			MIUMI 7 33130	
2) Change				
Add Remove Change Add				
Remove				
4) Change Add Remove,				
5) Change Add				
Remove 6) Change Add				
Remove				

	icles, enter change(s) here: (Be specific)
	
ì	
f an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares. Idment if not contained in the amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares. dment if not contained in the amendment itself:
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:

The date of each amendment(s) adoption: _date this document was signed.	a	[21/15	, if other than the
Effective date if applicable:	q	12115	
;	(no more than 90 d	lays after amendment file date)	
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The nur approval.	umber of votes cast for the amendm	ent(s)
The amendmentis) was/were approved by must be separately provided for each voting			tement
"The number of votes cast for the am		· •	
by	·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(v	oting group)		
The amendment(s) was/were adopted by the action was not required.	e board of directors wi	thout shareholder action and shareh	older
The amendment(s) was/were adopted by the action was not required.	e incorporators without	t shareholder action and shareholde	г
Dated	1115		
	/		
Signature By a director of	esident or other officer	- if directors or officers have not be	
selected by an in-	corporator - if in the ha	ands of a receiver, trustee, or other	court
appointed fiducia	ry by that fiduciary)		
		us theires	
	(Typed or print	ed name of person signing)	
	Pr	residen+	
	(Title o	of person signing)	