## P05000081890

(Re	equestor's Name)	
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TALLAHASSEE FLORIDA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	Amigos Health Plan, Ir	nc
DOCUMENT NUM	ИВЕR:	P05000087890	
The enclosed Article	es of Amendment and fee a	re submitted for filing.	
Please return all cor	respondence concerning thi	is matter to the following:	
_	Fernando Lora		
	. ,	lame of Contact Person	
-		Firm/ Company	
_	8300 West Flagler Street Suite 175		
Address			
_		Miami, FL. 33144 City/ State and Zip Code	
	elora@	Dericklorapa.com Indication of the future annual report notification	
	E-man address, (to be use	d for future annual report nonneation,	
For further informat	ion concerning this matter,	please call:	
Name o	Erick Lora of Contact Person	at ( <u>305</u> ) <u>8</u> Area Code & Daytime Tel	15-3399 ephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	
☑ \$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)
Mailing Ade Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	le

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Amigos I	Health Plan, Inc		1.05 A
(Name of Corporation as curre	ently filed with the Florid	a Dept. of State)	,•
P05	000087890		
(Document Num	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this FI	lorida Profit Corporation adopts	the following
A. If amending name, enter the new name of	f the corporation:		
American Medical Internation	nal Gynecology Obstet	ric Surgery, Inc. Th	e new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc	," or "Co". A professional corpo	
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			
••	<del>-</del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or remew registered agent and/or the new regis	egistered office address in tered office address:	Florida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	
		, Florida	
-	(City)	(Zip Code)	
New Registered Office Address:	(Florida street a	•	

Signature of New Registered Agent, if changing

## 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u></u> _			
			Add
	-		
<del></del>			
			Nemove
	ding or adding additional Article		
(attach a	dditional sheets, if necessary). (	Be specific)	
	,		
	mendment provides for an excha		
	not applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: August 10, 2010
Effective date <u>if applicable</u> :	August 16, 2010  (date of adoption is required)  August 16, 2010
Enterive date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement of the following group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated8	7-16-2010
Signature	Sweeds fra ~ D.
(By sele	waterector, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Fernando M. Lora
	(Typed or printed name of person signing)
	President
	(Title of person signing)