P05000 | 50 | 32

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SECRETARY OF STATERS
ON AUG -3 PM 3: 06

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: L&TME	DICAL CENTER INC.	
DOCUMENT NUMBER: <u>P0500015013</u>	2	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
SUYEN LEON		
(Nam	ne of Contact Person)	
L & T MEDICAL CENT	TER INC.	
	Firm/ Company)	
4545 NW 7TH ST., SUI	TE 16	
	(Address)	
MIAMI FL 33126		
(City)	/ State and Zip Code)	
For further information concerning this matte	er, please call:	
SUYEN LEON	at (305) _774-96	688
(Name of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for the following amount	::	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	√ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) √ \$43.75 Filing Fee & Certified Copy Additional copy Enclosed Enclos	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2007

SUYEN LEON L & T MEDICAL CENTER INC. 4545 NW 7TH ST., SUITE 16 MIAMI, FL 33125

SUBJECT: L & T MEDICAL CENTER INC.

Ref. Number: P05000150132

We have received your document for L & T MEDICAL CENTER INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 707A00046444

07 AUG -3 AM 8: 00

Articles of Amendment Articles of Incorporation of

L & T MEDICAL CENTER INC

9015000150132

(Name of corporation as currently filed with the Florida Dept. of State)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation
adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "lnc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
DELETE:
ORIOL TIRADO AS OFFICER VP
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: <u>07/15/2007</u>
Effective date if applicable:	07/15/2007
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was/were approved by the shareholders. The number of votes cast for y the shareholders was/were sufficient for approval.
` *	was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote mendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	was/were adopted by the board of directors without shareholder action on was not required.
The amendment(s) v shareholder action v	was/were adopted by the incorporators without shareholder action and was not required.
selecte	irector, 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 need fiduciary by that fiduciary)
SUY	(Typed or printed name of person signing)
PRI	ESIDENT
	(Title of person signing)

FILING FEE: \$35