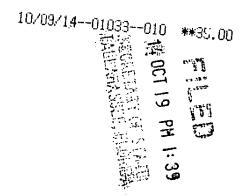
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OCT 1 7 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations D'aua Franchin HoD Pot. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Diana July Name of Contact Person 4010 (vALT OCEAN DRIVE Apt 411

Address

Ft Laudendele Fl. 33308

City/ State and Zip Code AFRANC3106@aol.com. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 993 - 8230

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation of		
Diano Franching M.D.P.A.	<u> 1₩ 061 9</u> PM : 39	
(Name of Corporation as currently filed with the Florida Dept. of State)	14 001 12 111 1- 33	
POG000136352	Searchaile in Table Tallahasale, blomea	
(Document Number of Corporation (if known)	draine modell, it lightly	
provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation	adopts the following amendment	

Pursuant to the provisi-(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: LUCY SUAREZ M.O P.A. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 4010 GALT OCEAN DRÎVE APT 411 FT LAUDERDALE FL-B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address)

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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)

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:	DT John Dog
X Change	PT John Doe
X Remove	<u>V</u> <u>Mike Jones</u>
X Add	SV Sally Smith
Type of Action (Check One) 1) Change Add Remove	President Diane L. Juanez 4010 Calt Ocean Dring 411 Ft Jundard
2) Change	Phendent Di ava L'Franchien Same addiess as abore
Remove 3) Change	
Remove 4) Change Add Remove	
5) Change Add Remove	
6) Change Add Remove	

<u>f amending or adding additional Artic</u>	
Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
·	
f an amandment provides for an avab	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
,	

The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	" (voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
Dated	7/14 OSuanes	
(By a di selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	_
-	TYPED OF PRINTED HDPA (Typed or printed name of person signing)	
_	PRESIDENT	
	(Title of person signing)	