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SECRETARY OF STATE AM 9: 29

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ONYX MEDIC	CAL OFFICE, INC.	
DOCUMENT NUMBER: P07000071087		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
ARMANDO ZABALA	<u> </u>	
(Name of	Contact Person)	
ONYX MEDICAL OFFICE, IN	NC	
(Firm	n/ Company)	
2466 S.W. 137 AVENUE		
	Address)	
MIAMI FL 33175		
(City/ Sta	te and Zip Code)	
For further information concerning this matter, p	lease call:	
YOANDRA ACOSTA	at (786) 419-069	7
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐ \$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 Ci Tallahassee, FL 32301	rcle

Articles of Amendment to Articles of Incorporation of

FILED

2008 JUN 13 AM 9: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ONYX MEDICAL OFFICE, INC.

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

P07000071087
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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.," "Inc.," 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)
MODIFY ARTICLE V AS FOLLOWS:
YOANDRA ACOSTA
PRESIDENT
(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: 06/05/08
Effective date if applicable: 06/05/09 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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 approval by
(voting group)
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 adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
ARMANDO ZABALA
(Typed or printed name of person signing)
OWNER
(Title of person signing)

FILING FEE: \$35