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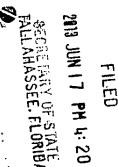
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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MIAMI MEDICAL CARE CORPORATION
DOCUMENT NUMBER: P07600123985
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EDUARDO PAMIREZ Name of Contact Person
MIAMI MEDICAL CARE CORPORATION
MIAMI MEDICAL CARE CORPORATION Firm/Company 7105 S.W. 8TH ST. SUITE 216
MIAMI FL. 33144 /City/ State and Zip Code
DRRAMIREZ COMCAST NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: EDUARDO RAMIREZ at (305) 262-1035 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 Certificate of Status Certified Copy (Additional copy is enclosed) 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 Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

FILED

2819 JUN 17 PM 4:20 OR POR P07600123985 Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 EDUARDO 7105 S.W. 8TH ST. SUITE 210
(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.

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Example: X Change	PT John I	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	EDDY KAMIREZ	7105 S. W. 874 ST. STEZIO MIAMI, FL. 33144
Add			MIAMI, FL. 33144
Remove	,		
2) Change	PD	EDUARDO KAMIRE	2 7105 S.W. 8 ST. SE 210 MIAMI, FL. 33144.
Add	•		MIAMI, FL. 33144.
Remove			
3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			•

Attach aa	lditional sheets	additional Ar i, if necessary).	(Be specifi		w/-	4	
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provisio	ns for implem	enting the am	change, reclasion	ssification, or ot contained	cancellation of the cancel	of issued shar nent itself:	es.
(if n	ot applicable,	indicate N/A)		0/4	1		
				- / - /			
		<u>.</u> .			<u> </u>		
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The date of each amendment(s) adopt	ion: $4-9-13$
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	i by the shareholders. The number of votes east for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes east for	he amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated	14/9-13
Signature	
(By a direc	or, president or other officer = if directors or officers have not been
	an incorporator – if in the hands of a receiver, trustee- or other court
appointed i	iduciary by that fiduciary)
_4	EDUARDO RAMIREZ
	(Typed or printed name of person signing)
	$P_{A-A+b-A}$
<u>-</u>	TRESIDENT
	(Title of person signing)