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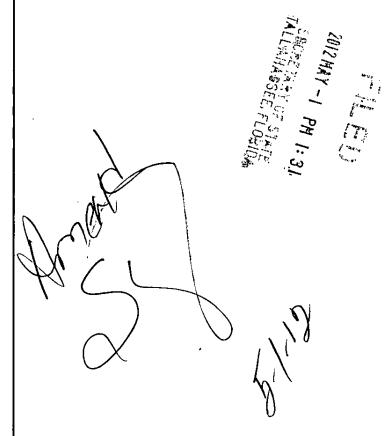
(Re	equestor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2012

Miguel A. Villavicenuo Libertad Medical Center Inc 4995 NW 72 Avenue #404 Miami, FL 33166

SUBJECT: LIBERTAD MEDICAL CENTER INC

Ref. Number: P09000015702

We have received your document for LIBERTAD MEDICAL CENTER INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 912A00012198



COVER LETTER

Division of Corporations
NAME OF CORPORATION: Libertad Medical Center Inc
DOCUMENT NUMBER: 10900015702
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Miguel A. Villavicencio
Libertal Redical Center Inc.
4995 NW-72 AVE Suit: 404
Miami, FC, 33166
City/State and Zip Code
$\Lambda//A$
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Miguel Villavice pcio at 305, 477 4940
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 Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
Libertad Médical Center Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P 09000015702
(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:
A. If amending name, enter the new name of the corporation:
The new
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 WIGUEL VILLAVICE nCID
4995 NW-72 DVE SUIT 404
(Florida street address) 11. 33166
New Registered Office Address: M/AM, Florida C J (Office Address): (City), Florida C J (Office Address)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familian 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	\mathcal{P}	Ralph Miniet	4995 NW-72 AVE 54t. 404 Miami FC, 33166
2) Ohange Add Remove	F	Higuel Villavicencio	4995 NW-72810, suit:404 Miami, FL, 33166
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

The date of each amendment(s) ac	doption: 04/16/2017
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 su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved 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	for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated O	4/16/12
	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
	Miguel VillavicEncio
	(Typed or printed name of person signing)
	TRESIDENIE.
	(Title of person signing)