P090000 38080

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

DEC 1 0 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations .

NAME OF CORPO	DRATION: BEST SOLUTION	MEDICAL CENTER INC	;
DOCUMENT NUN	4BER: P09000038080		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	YAMILET SUAREZ		
		Name of Contact Person	1
	BEST SOLUTION MEDICA	AL CENTER INC	
		Firm/ Company	the state of the s
	2128 W FLAGLER ST SUIT	,	
		Address	
	MIAMI, FL 33135		
		City/ State and Zip Code	
		•	
For further informat	ion concerning this matter, plea		
YAMILET SUAREZ		at (305	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State;
\$35 Filling Fee	□\$43.75 Filing Fec & Certificate of Status	□\$43.75 Filing Fee & 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 Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(<u>Name o</u>	of Corporation as current	ly filed with the Florida De	pt. of State)	
P09000038080				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amenda ジ い	ment(s) l
A. If amending name, enter the new na			TE THE	330 St
name must he distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or	"Co". A professional corpo	norated" or the abbientali ration name must confiding	ion - J
B. Enter new principal office address,	if annlicable:	4150 NW 7 ST SUITE 2	07 F CO	=
(Principal office address MUST BE A S		MIAMI, FL 33126	24 07	. 29
		physical (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994)		-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		4150 NW 7 ST SUITE 2	07	_
(maning marcis) institution of the control of the c		MIAMI, FL 33126		_
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	w registered office addre	<u> </u>	aine of the	a.v.
	4150 NW 7 ST SUITE 2	· · · · · · · · · · · · · · · · · · ·		
	•	treet address)	22124	
New Registered Office Address:	MIAMI	(Class)	, Florida 33126	_
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Ager tered agent. l am familian	t <u>t:</u> with and accept the obligation	ons of the position.	
www.combination.com	Sionature of New	Registered Agent, if changing	2	

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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	*************		
Add		•	
Remove			
2) Change		_	
Add			and the second s
Remove	<i>'</i> .		
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

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he amendme	ent itself:	
	~ + 4.89	
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	ncellation of the amendme	incellation of issued shares the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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.	
Dated 12/3/2015 Signature	
(By a director, president of 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 figureiary by that fiduciary)	· parameters
YAMILET SUAREZ	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	