Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000230406 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so. will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ALL WORLD SERVICES PA

Account Number: I20120000020

Phone

: (786)388-8332

Fax Number

: (786)401-6835

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

L.S.L. MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H140002304063

Articles of Amendment to Articles of Incorporation of

L.S.L. MEDICAL CENTE	ER, INC.		
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	
P09000068175			
(Documer	nt Number of Corporation (if	known) .	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new as	ame of the corporation:		
N/A			The new
	ation "Corp." "Inc." or "C	" "company," or "incorporated" or th io". A professional corporation name m i.A."	ns abhreviation
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new	OEFICE BOX) id/or registered office addre	ss in Florida, enter the name of the	14 OCT -1
Name of New Registered Agent	N/A		₩ 8: 5%
	(Florida strue	et address)	en E
New Registered Office Address:		. Florida	
	(Clty)	(Zip Code	,
	hanging Registered Agent: ared agent. I am familiar wi enature of Now Registered Ag	ih and accept the obligations of the positi	on.

Page 1 of 4

H140002304063

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)

ç.

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	VD	_	VLADIMIR SANTOS	7175 SW 8 ST
Add				MIAMI FL 33144
Remove				
2) Change		_		1
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_	17.00	
Remove				
5) Change		_		
Add				
Remove				
6) Change				
		_		
Add				
Remove				

Page 2 of 4

H140002304063

/A	iditional sheets, i		· • • • • •			
	~ ~~					<u> </u>
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		···-	····		 -	
						· · · · · · · · · · · · · · · · · · ·
	•					
					· · · · · · · · · · · · · · · · · · ·	
		·				
	<u></u>					
	·					<u>, , , , , , , , , , , , , , , , , , , </u>
	<u>ndment provida</u> ne for implemen	<u>es for an exch:</u>	<u>inge, reclassific</u>	eation, or cancelle ontained in the ar	ition of issued sha rendment itself:	ar <u>es.</u>
f an ame	ot applicable, inc	dicate N/A)	ATTION OF CO.	<u> </u>	1444	
<u>provisio</u>						
<u>provisio</u> (if n						
<u>provisio</u> (if n						
<u>provisio</u> (if n						
<u>provisio</u> (if n						
<u>provisio</u> (if n						
<u>provisio</u> (if n						
<u>provisio</u> (if n						
<u>provisio</u> (if n						
<u>provisio</u> (if n						
provisio						

#14000230406 3

The date of each amendment(s) ad	option:	, if other than
date this document was signed.		
Effective date if applicable:		
	(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 east for the amendment(s) Ticient 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 east (for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voling group)	
The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder	
Dated OCTOB	ER 1, 2014	•
Signature		
(By a disselected	rector, president or other officer if directors or officers have not been by an incorporator if in the hands of a receiver, trustee, or other court diductory by that fiduciary)	
,	ANTONIA A RODRIGUEZ	
•	(Typed or printed name of person signing)	
i	PSTD	
-	(Title of person signing)	