## P10000000884

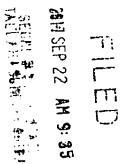
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RUBEN J NUNEZ	Z MD INC	
DOCUMENT NUMI	BER: P1000000884		
	of Amendment and fee are so	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	FRANK PEDRIANES		
		Name of Contact Person	n
RUBEN J NUNEZ MD INC			
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	15260 SW 280 STREET #116		
	Address		
	HOMESTEAD, FLORIDA	33032	
		City/ State and Zip Code	e
OPA	MEDGRP@GMAIL.COM		
<del></del>	<del>-</del>	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
FRANK PEDRIANES		at (_305	218-6951
Name	of Contact Person	Area Co	de & Daytime Telephone Number
linelosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State;
■ \$35 Filing Fee	□\$43.75 Filing Fee & 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		Amend	Address Iment Section
			on of Corporations
		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

RUBEN	LVIDUE	:7 MD	INC.
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## (Name of Corporation as currently filed with the Florida Dept. of State)

	t Articles of Ir	Amendment o ocorporation of	The state of the s
RUBEN J NUNEZ MDJING.			The state of the s
(Name	of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>(e)</u>
P1000000884			<b>1</b>
	(Document Number	of Corporation (if known)	3
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp." "Inc." or	"Co". A professional corporation nar	
3 Friter new principal office address	if annlicable:	15260 SW 280 STREET #116	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		HOMESTEAD, FLORIDA 33032	· · · · · · · · · · · · · · · · · · ·
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		15260 SW 280 STREET # 116	
		HOMESTEAD, FLORIDA 33032	
D. If amending the registered agent an new registered agent and/or the ne			:
Name of New Registered Agent	FRANK PEDRIANES		
	15260 SW 280 STREET	#116	<del></del>
	/Florida x	treet address)	<del></del>
New Registered Office Address:	HOMESTEAD	Florida	33032 (Zip Code)
<u> 30 % (regisierea Office Piaaress</u> ).			(Zip Code)
Sew Registered Agent's Signature, if e hereby accept the appointment as regist			position
	<u>.</u>	, 6 9 9 9 9	
<del></del>	Signature of New	Registered Agent, if changing	<del></del>

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: $\underline{X}$ 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	PD	RUBEN J NUNEZ M D	17924 SW 20 STREET
Add			MIRAMAR, FLORIDA 33032
xx Remove			
2) Change	P	FRAND PEDRIANES	15260 SW 280 STREET
XX Add			SUITE 116
Remove			HOMESTEAD , FLORIDA 33032
3.)Change	<del> </del>		
Add			<del></del>
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Atta	mending or adding additional Articles, enter change(s) here: seh additional sheets, if necessary). (Be specific)
	······
_	
	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

The date of each amendment(s) ad	option:	, if other than th
date this document was signed		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopty the shareholders was/were sufficiently.	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved 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 t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	1/8/17 <u> </u>	
Signature	- Alot.	
(By a di selected	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 ed fiduciary by that fiduciary)	
	RUBEN J NUNEZ MD	
•	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
-	(Title of person signing)	