Ploopoog3333

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| , |
| (City/State/Zip/Phone #) |
| (Only State 2 pm Hone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| Continue Copies |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only

400181851874

06/14/10--01037--010 **35.00

FILED

10 JUN 14 PM 1: 27

SECTO ACCRET FORM

meilien

COVER LETTER

• TO: Ámendment Section
Division of Corporations

| NAME OF CORPORATION: <u>Arocha</u> | Research Center, | Inc |
|--|--|---|
| DOCUMENT NUMBER: P100000 | 03233 | |
| The enclosed Articles of Amendment and fee a | are submitted for filing. | |
| Please return all correspondence concerning the | is matter to the following: | |
| Emelina A | - Arocha, M.D. Name of Contact Person | |
| _ Arocha Res | earch Center, Inc | <u> </u> |
| 717 Ponce de Levi | n Blud. Suite 327 Address | |
| Coral Gables | /FL/33134 City/ State and Zip Code | |
| ar ocharesearche E-mail address: (to be use | Centere gmail.com | າ |
| For further information concerning this matter, | please call: | |
| Emelina A. Arocha, M.D. Name of Contact Person | at (305) 445-50 Area Code & Daytime Tele | 994 ephone Number |
| Enclosed is a check for the following amount m | nade payable to the Florida Depart | ment of State: |
| ■ \$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 | Street Address Amendment Section Division of Corporations Clifton Building | • |

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

| Arocha Research | Cent | er, Inc | | | | |
|--|----------------|----------------------------------|---|--------------|----------|---------------------|
| (Name of Corporation as currently | filed with t | he Florida Dept. o | f State) | | | |
| P1 <i>0</i> 0000032 | 233 | | | | | |
| (Document Number of | of Corporation | on (if known) | | | | |
| Pursuant to the provisions of section 607.1006, Floamendment(s) to its Articles of Incorporation: | orida Statute | es, this <i>Florida Pro</i> | ofit Corporation | n adopts t | he follo | owing |
| A. If amending name, enter the new name of the | corporation | <u>ı:</u> | | | | |
| | | | | | e new | |
| name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession | gnation "Co | orp," "Inc," or [*] "Co | o". A professio | | | |
| B. Enter new principal office address, if applicable | <u>le:</u> | | | | | |
| (Principal office address <u>MUST BE A STREET AD</u> | DRESS) | | Ä | () () | | |
| | | | <u> </u> | | | 272 2987 2487 |
| | | | D. | - | Ë | ¥. |
| C. Enter new mailing address, if applicable: | | | الله الله الله الله الله الله الله الله | 14 3 | ΕD | |
| (Mailing address <u>MAY BE A POST OFFICE B</u> | <u>(OX</u>) | | 9 | 25 | | • |
| | | | | 27 | | |
| | | | <u> </u> | <u> </u> | | |
| D. If amending the registered agent and/or registe | | | , enter the nam | e of the | | |
| new registered agent and/or the new registered | d office add | ress: | | | | |
| Name of New Registered Agent: | | | . <u> </u> | | | |
| | | | | | | |
| New Registered Office Address: | (Florid | da street address) | | | | |
| | | | , Florida_ | | | |
| | (City) | | (Zip Code) | | | |
| New Registered Agent's Signature, if changing Re | | | | | | |
| I hereby accept the appointment as registered agent. | 1 am famil | iar with and accept | t the obligations | of the pos | ition. | |
| | | | | | | |
| Signati | ure of New I | Registered Agent, if | f 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)

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--|---|-----------------------|
| <u>V. P.</u> | Pedro Figueredo | 717 Ponce de Leon Blud. Suite 327 Coral Gables, FL.3313 | _ ⊠ Add _ □ Remove |
| | | | |
| | | | _ |
| | ding or adding additional Articles, en dditional sheets, if necessary). (Be sp | | |
| | | | |
| provisi | mendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A) | | |
| **** | | | |
| | | | |
| | | | |

| The date of each amendment(s) adoption: | June 2,2010 |
|--|--|
| Effective date if applicable: | (date of adoption is required) |
| Effective date if applicable: | in 90 days after amendment file date) |
| (no more mu | m 90 days after ameriament fite date) |
| Adoption of Amendment(s) | CHECK ONE) |
| Adoption of Amendment(s) | CHECK ONE) |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient f | the shareholders. The number of votes cast for the amendment(s) for approval. |
| · · · · · · · · · · · · · · · · · · · | y the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the an | nendment(s) was/were sufficient for approval |
| by | ." |
| by |) |
| The amendment(s) was/were adopted by action was not required. | the board of directors without shareholder action and shareholder |
| The amendment(s) was/were adopted by action was not required. | the incorporators without shareholder action and shareholder |
| Dated | 2/10 |
| Signature | Min. |
| (By a director, pre | esident or other officer - if directors or officers have not been |
| | corporator – if in the hands of a receiver, trustee, or other court |
| appointed inducta | ry by that fiduciary) |
| _Em | elina A. Arocha, M.D. |
| (| Typed or printed name of person signing) |
| Pres | ident |
| | e of person signing) |