P100000/0528

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SECRETARY OF STARS ALLAHASSEE, FLOREN



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	oration: <u>Univ of</u>	Miami Hospit & Clivic I	UC
DOCUMENT NU	мвек: <u>Р100000</u> 105	528	
The enclosed Articl	les of Amendment and fee ar	re submitted for filing.	
Please return all cor	respondence concerning this	s matter to the following:	
	Segund	SALAZAR ame of Contact Person	
	UNIV OF HIAMI +	SPIT & Clivic Tuc Firm/ Company	
	1421 SW 107	AVE # 266 Address	
-	Miami, Fl 3	3174 ity/ State and Zip Code	
	Univelinic OHOTH E-mail address: (to be used	For future annual report notification)	
For further informate	tion concerning this matter,	please call:	
SEGULDO Name o	SALATAR of Contact Person	at (<u>786</u>) <u>468 - 4100</u> Area Code & Daytime Teleph	none Number
Enclosed is a check	for the following amount m	ade payable to the Florida Departme	ent of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to

Articles of Incorporation of	10 FE FILM
Univ OF Miani Hospit & Clivic INC	MECRES PR
(Name of Corporation as currently filed with the Florida Dept. of State)	MYASAL M
P10000010528	
(Document Number of Corporation (if known)	· Op. //

Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corporation	n adopts the follo
A. If amending name, enter the new name o	of the corporation:		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Ĉorp," "	Inc," or "Co". A profession	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			
D. If amending the registered agent and/or new registered agent and/or the new regi		s in Florida, enter the nan	ne of the
Name of New Registered Agent:	SEGULDO SALA	24R,	
New Registered Office Address:	1421 SW 107 AV (Florida stre		
	Miahi (City)	, Florida_ (Zip Code)	33174
New Registered Agent's Signature, if changing I hereby accept the appointment as registered and the second	ing Registered Agent: agent. From familiar with agent. From familiar with agent. From familiar with galler Signature of New Register	h and accept the obligations an # ered Agent, if changing	s of the position.

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
<u>P</u>	ARDRUBAL MARTINEZ	1421 SW 107 AVE #266 HIAHI, FL 33174	_ ☐ Add _ M Remove
?	SEGULDO SALAZAR	1421 SW 107 AVE #266 Miahi , FL 33174	Add Remove
			_
provisio	nendment provides for an exchange, reports for implementing the amendment in the applicable, indicate N/A)		

The date of each amendment(s)	loption:	
Effective date <u>if applicable</u> :	(date of adoption is required) 02/05/2010	
(ne	more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	s)
	proved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	ng group) ."	
(vo	ng group)	
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 02/0	:/2010	
Signature	adamos Vortunes	
selected	ector, 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 d fiduciary by that fiduciary)	
_	AZDRUBA HARTINEZ (Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	