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17 NOV 14 PH 4: 15

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: MIR	del Castill	O MEdical CENTER.	10C
DOCUMENT NUMBER: <i>P_10000</i>			
DOCUMENT NUMBER: 7 7 700000	25 ///		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Givel C	Oakai q (Name of Contact Person		
	(Name of Contact Person	1)	
MIR def Castillo M			
/ =====================================	(Firm/ Company)		
900 WEST 49 37	r SUITE 3	26	
	(Address)		····
	_		
Hialeah. F	4. 33012		
	(City/ State and Zip Cod)	
<u>a</u>			
GIVUE GO GO	nail com.		
E-mail andress: (to be used	for future annual report	notification)	
For further information concerning this matter, please	call:		
_			
Laurel Carrie		205 - 270 - 7770	
(Name of Contact Person)	at (Ar	ea Code) (Daytime Telephone Number)	
<i>[</i> ((· ·	ca code, (isasimo receptione riamber,	
Enclosed is a check for the following amount made pay	yable to the Florida Depa	rtment of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee &	∏\$43.75 Eilina Cao &	□\$52.50 Filing Fee	
Certificate of Status	Certified Copy	Certificate of Status	
33	(Additional copy is	Certified Copy	
	enclosed)	(Additional Copy is	
	,	Enclosed)	
Mailing Address	Common	Address	
Amendment Section		ment Section	
Division of Corporations		n of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Article	s of Amendment	FILED
Articles	to of Incorporation of	17 NOV 14 PH 4: 15
MIR def Castillo	Hedical DE	TER INC
(Name of Corporation as current		t. of State)
P 1000002		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corporati	o n :	
name must be distinguishable and contain the word "corporat	ion" or "incorporated" or the	The new
"Company" or "Co." may not be used in the name.	on or incorporated or the	anorevation Corp. or the,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Delete	2
* *****		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		ne name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida stree	et address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		gations of the position.

Signature of New Registered Agent, if 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)

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: X Change X Remove X Add	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	V Givefbaicia	900 WEST 445T
Add Remove	•	900 WEST 445T Suite 326 Hialeali, FL 33012
2) Change		
Add Remove		
3) Change		
Add		
4) Change		
Remove		
5) Change		
Add		
6) Change		
Add Remove		1

amending or adding additional Art tach additional sheets, if necessary).	(Re specific)				
					
					
					
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<u>-</u>					
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The date of each amendment(s) adoption: LOVEMBEL 06, 2017 if other than the date this document was signed.
Effective date if applicable: Novembel 06, 2017 (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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated
Signature (By the chairman of vice chairman of the board, president or other officer-if directors
have not been selected by an incorporator - if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)
(Types or printed name of person signing)
(Types or printed name of person signing)
VICE PRESIDENTE.
(Title of person signing)