P100000 35445

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CASA DEL SOCO	ORRO "CDS" CLINIC, CO	RP.
DOCUMENT NUN	P10000035.145		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	itter to the following:	
	Miguel San Pedro		
		Name of Contact Persor	1
	Attorney at Law		
		Firm/ Company	
	7350 N W 7 Street # 204		
		Address	
	Miami, Florida 33126		
	•	City/ State and Zip Code	<u> </u>
page 1	npedro@floridahealthsolution.c	200	
11182	•	sed for future annual report	natification
	17 man address, 400 De a.	sec in ratare amain report	nouncum,
For further informat	ion concerning this matter, pleas	se call:	
Miguel San Pedro		305 at (3738211 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ortment of State:
□ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Divisio Clifton	Address ment Section or of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

CASA DEL SOCORRO "CDS" CORP.			
(Name of Corporat	ion as currently filed with the l	Clorida Dept. of State)	
P10000035445	·	·	
(Docur	ment Number of Corporation (if)	(nown)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida Profit Co</i>	orporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
SOCORRO'S MEDICAL CENTER CORP.			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A profession		
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
D. If amending the registered agent and/or register new registered agent and/or the new registered . Name of New Registered Agent		nter the name of the	
	(Florida street address)		_
	(r torma street uaaryss)		
New Registered Office Address;		Florida /Zin	Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. Sign		2018 J	
		ጋ ' ፒ ዩ ፡ •	ACTIVE STATES

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	PT	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)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		-
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				_
Remove				

). (Be specific)	
	· · · · · ·	
•		
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
provisions for implementing the am	nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
~~~~~		<u>.                                    </u>
		<u> </u>
	-	

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	s date will not be listed as th
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Marcos P. Socorro	
(Typed or printed name of person signing)	<del></del>
Procident	

(Title of person signing)