## P1000041119

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION:	ITAL MCUICAL CORMU	DICAT 1045 " INC
DOCUMENT NU	MBER:	41779	
The enclosed Artic	les of Amendment and fee ar	re submitted for filing.	
Please return all co	prrespondence concerning this	s matter to the following:	
	J	OHU S. LIAED  Tome of Contact Person	
	, N	ame of Contact Person	
	٥	1617AL MEDILA COMPUL	SICATION IVC
		Firm/ Company	
	2100	PONCE DE LEON BLVD	SUNG 1203
	•	Address	
	COL	M GABLES . FLORIDA	72174
	,Ci	M GABLES, FLOCIDA- ty/ State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further informa	ation concerning this matter,	Please call:	
J01+L	1 S. LINAD	it ( 202 ) 258 419 Area Code & Daytime Tel	52
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount re	wie payable to the Florida Depart	ment of State:
☑\$35 Filing Fee	S43.75 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 2661 Executive Center Circl	e
		Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

	AL MEDICAL COMMI		
(Name of Corporation as	s currently filed with the Florida	a Dept. of State)	
	P0000041779		
(Docume	nt-Number of Corporation (if known	wn)	
suant to the provisions of section 60 endment(s) to its Articles of Incorpora		orida Profit Corporation add	opts the follow
If amending name, enter the new n	ame of the corporation:		
v			The new
ne must be distinguishable and co reviation "Corp.," "Inc.," or Co.," e must contain the word "chartered,	or the designation "Corp," "Inc	," or "Co". A professional (	
Enter new principal office address,			_
ncipal office address <u>MUST BE A S</u>	TREET ADDRESS )		
Enter new mailing address, if appl	icable:		<b>.</b>
Mailing address <u>MAY BE A POST</u>			
	•		NUC 16: PN 4: 1
,			_ 5 %
			. 3
famending the registered agent are ew registered agent and/or the ne		i Florida, enter the name of	the 📻
Togestorea agent and or the ne	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:		<del></del>	<b>&gt;</b>
·	· · · · · ·		
New Registered Office Address:	(Florida street a	ddress)	
		F31	
	(City)	, Florida (Zip Code)	
	(Cily)	(Zip Couc)	
Registered Agent's Signature, if c			
eby accept the appointment as regis	tered agent. I am familiar with a	nd accept the obligations of th	he position.
	:		
	. Signature of New Registered	d 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
CHAR MAL	JORGE RECARRY	6375 NM 3671 ST	☑ Add □ Remove
		VIRGIDIA CARDEUS Q	33166
	·		□ Add □ Remove
			Add Remove
E. If amend	ling or adding additional Articles dditional sheets, if necessary). (B	enter change(s) here:	
	——————————————————————————————————————		
		,	
		. ,	
		11 (4 12 (4 12 12 12 12 12 12 12 12 12 12 12 12 12	
		ge, reclassification, or cancellation of the second in the	
	ot applicable, indicate N/A)	to the consumer in the uncoding	CHT RSCH.
<del></del>			

The date of each amendment	t(s) adoption: 2010
Effective date <u>if applicable</u> :	(date of adoption is required)
enective date <u>it applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	re adopted by the board of directors without shareholder action and shareholder
action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	8 AUGUST ZOIU
(By sele	a director president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JO141 & WA, RD
	(Typed or printed name of person signing)
	SCCY
	SCH (Title of person signing)