P10000536/6

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TALLAHASSEE FINAE

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	F CORPORATION: BLANCA NELIDA GONZALEZ M.D., P.A			
DOCUMENT NUMBER: P10000536				
The enclosed Articles	of Amendment and fee	are submitted for filing.		
Please return all corres	pondence concerning t	his matter to the following:		
		ANCA N. GONZALEZ		
		Name of Contact Person		
	Firm/ Company			
	718 WEST 36 STREET			
		Address		
		HIALEAH FL. 33010		
		City/ State and Zip Code		
	E-mail address: (to be us	sed for future annual report notification)		
For further information	concerning this matter	r, please call:		
Name of C	ontact Person	at () Area Code & Daytime Te	lephone Number	
Enclosed is a check for	the following amount	made payable to the Florida Depar	tment of State:	
☑\$35 Filing Fee [☐ \$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		Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

BLANCA NELIDA GONZALEZ M.D.,P.A

(Name of Corporation as currently filed with the Florida Dept. of State)

P100	000053616		દુ	
(Document Num	ber of Corporation (if kno	wn)	_	
ursuant to the provisions of section 607.1006 nendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corporation adopted	he i	
If amending name, enter the new name of	the corporation:			
BLANCA NELIDA GONZALEZ, M.D.				
me must be distinguishable and contain to breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "prof	designation "Corp," "Inc	c," or "Co". A professional corpo		
Enter new principal office address, if appl rincipal office address <u>MUST BE A STREE</u>				
		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC				
If amending the registered agent and/or re	egistered office address i	n Florida, enter the name of the		
new registered agent and/or the new regis				
Name of New Registered Agent:				
New Registered Office Address:	(Florida street a	address)		
_		, Florida	_	
	(City)	(Zip Code)		
w Registered Agent's Signature, if changin	g Registered Agent:			
ereby accept the appointment as registered ag	gent. I am familiar with a	nd accept the obligations of the pos	itio	
Si	gnature 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) **Type of Action** Title Name Address ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendmen	t(s) adoption: <u>1(</u>	0/11/2011
Effective date if applicable:	10/11/2011	(date of adoption is required)
	(no more than	90 days after amendment file date)
Adoption of Amendment(s)	(<u>Cl</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		he shareholders through voting groups. The following statemeng group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amer	ndment(s) was/were sufficient for approval
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
action was not required.		e board of directors without shareholder action and shareholder
action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated	10/11/	$\frac{1}{2}$
Signature	78 CU	
		dept or other officer - if directors or officers have not been
		porator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary	by that fiduciary)
	[BLANCA NELIDA GONZALEZ
	(Ty	ped or printed name of person signing)
		PRESIDENT
	(Title o	of person signing)