P10000065143

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000209745 3)))

H11000209453ABC$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : BARNET SERVICES
Account Number : I20110000028
Phone : (786)278-2645
Fax Number : (786)429-0945

FILED
2011 AUG 23 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
11 AUG 23 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
UNION MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$35.00

Electronic Filing Menu Corporate Filing Menu Help

TBrown 8-23-11

((H11000209745 3))

Articles of Amendment
to
Articles of Incorporation
of

Union Medical Center, Inc.

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

P10000065143

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc" or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

_____

_____

_____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

FILED
2011 AUG 23 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Yaelvys Solis.

New Registered Office Address: 1150 NW 72 Ave #307
(Florida street address)

Miami, FL _____ Florida 33126
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

((H11000209745 8))

((H11000209745 3))

If amending the Officers and/or Directors, enter the title and name(s) each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

Title	Name	Address	Type of Action
P	Yoelvys Soris	1150 NW 72 Ave #307 Miami, FL 33126	☒ Add ☐ Remove
D	Susana Gutierrez	1150 NW 72 Ave #307 Miami FL 33126	☐ Add ☒ Remove
			☐ Add ☐ 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)

((H11000209745 3))

The date of each amendment(s) adoption: 8/23/2011
(date of adoption is required)

Effective date if applicable: 8/23/2011
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8/23/2011

Signature _____
(By a director, president or other officer -- if directors or officers have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Yoel Uys Soris
(Typed or printed name of person signing)

President
(Title of person signing)

(H11000209745 3)))