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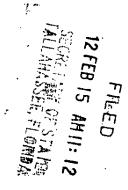
(Requestor's Name)
(Address)
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, (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(0)
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COVER LETTER

Division of Corpora	tions		1 0
NAME OF CORPORA DOCUMENT NUMBE	PIMMA	Medica 081166	1 Center, Inc
The enclosed Articles of	Amendment and fee are su	abmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	Rene A 9 1	Name of Contact Person	1 Center
	7500 S	Firm/Company Address	Suite 303
	miam	City/ State and Zip Cod	3144
00	E-mail address: (to be us	a (a) Gah sed for future annual report	OCCOM notification)
For further information c	oncerning this matter, pleas	se call:	
Rene E	Contact Person	at (305 Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	utment 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)
<u>Mailin</u>	g Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

	Articles of Incorporation	1		
A3L medical	Center,	Inc.		
(Name of Corporation as current	ly filed with the Florida Dep	t. of State)		
11000008 11 CO	0			
(Document Numbe	er of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Pro</i>	ofit Corporation adop	ts the following amen	idment(s) to
A. If amending name, enter the new name of th	c corporation:			
				new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A pr	any," or "incorporation of the comment of the comme	ted" or the abbrevio on name must contain	ition i the
B. Enter new principal office address, if application	able:		<u> </u>	
(Principal office address MUST BE A STREET A	<u>ADDRESS</u>)			-
			CAL A	2Fl
				8 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROY)		AS	5
(11 mining auto-03) 12271 12271 1 OB1 OR 1 1044	<u></u>	· · · · · · · · · · · · · · · · · · ·		
			37	=
D. If amending the registered agent and/or regi		ida, enter the name o	of the	
new registered agent and/or the new register	red office address:			
Name of New Registered Agent				
-	(Florida street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered age		cept the obligations of	f the position.	
Signature o	f New Registered Agent, if cha	anging		

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	<u>PT</u> Jo	shn Doc			
X Remove	<u>v</u> <u>m</u>	like Jones			
X Add	<u>SV</u> <u>S</u> a	ally Smith			
Type of Action (Check One)	Title	Name		Address	
1) Change Add Remove	P	Rene 8	2. García	7500 SW 85 Suite 303 Miami, Fl.33	<u>17</u> ₁
2) Change Add Remove					
3) Change Add Remove					<u></u>
4) Change Add Remove					
5) Change Add Remove			 		
6) Change Add Remove					

E. If amending or adding additional Articles, enter change(s) here: -(attach additional sheets, if necessary). (Be specific)
Lene E. Garcia owns fifty (so Dercent of the Shares and
Pedro A. Cuni owns fifty (SO) percent of shares
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 amendment(s) adoption	on: 1-29-12
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
Dated 2 O Signature (By a director selected, by a	by the incorporators without shareholder action and shareholder or, president to ther officer – if directors or officers have not been an incorporator if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)