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TO: Amendment Section Division of Corporations

NAME OF CORP	PORATION: CENTRO	MEDICO DR JOSE MUN	IOZ C.A CORP
DOCUMENT NU	MBER:	P10000100641	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	s matter to the following:	
		SUE C MUNOZ	
	N	ame of Contact Person	
_	CENTRO MEDIC	O DR JOSE MUNOZ C.A CO	RP
		Firm/ Company	
	10805 1	NW 89 TERR B-4 # 213	
-		Address	
		MIAMI FL 33178	
-		ity/ State and Zip Code	
For further informa	E-mail address: (to be use	d for future annual report notification)	
	_	•	2204240
Name	UE C MUNOZ of Contact Person	at (786)3 Area Code & Daytime Tel	3204249 lephone Number
Enclosed is a check	for the following amount m	nade payable to the Florida Depar	
\$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 Ad Amendment Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le

Articles of Amendment to **Articles of Incorporation** of

CENTRO MEDICO DR JOSE MUNOZ C.A CORP

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

P10000100641 (Document Number of Corporation (if known)

A Miles

Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of		rioriau Proju Corporain	m doops me ton
PANAMENA DE INS		A CORP	The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	the word "corporation, designation "Corp," "I	" "company," or "inco nc," or "Co". A profess	rporated" or the ional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			<u>.</u>
		`	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or r new registered agent and/or the new regis		s in Florida, enter the na	me of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida stree	t address)	
	(0:.)	Florida	ı
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	(City) ng Registered Agent: ngent. I am familiar with	(Zip Code) and accept the obligation	ns of the position.
<u></u>	Signature of New Register	red 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>	<u>Address</u>	Type of Action
<u>V</u>	ERNESTO D VARGAS	10805 NW 89 TERR B-4 # 213 MIAMI FL 33178	
			☐ Add☐ Remove
			Add Remove
(attach	a additional sheets, if necessary). (Be sp	pecific)	
prov	amendment provides for an exchange, isions for implementing the amendmentif not applicable, indicate N/A)	reclassification, or cancellation of iss t if not contained in the amendment i	ued shares, tself:
<u>-</u>			
•			

The date of each amendmen	t(s) adoption: 05	5/12/2011
) Effective date <u>if applicable</u> :	05/12/2011	(date of adoption is required)
	(no more than 9	90 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	ndment(s) was/were sufficient for approval
by		
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder
Dated 05/1	2/2011	
Signature _	Suchun	Munos
sele	a director, presidected, by an incorpointed fiduciary be	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		SUE C MUNOZ
	(Ty	ped or printed name of person signing)
		PRESIDENT
	(Title o	f person signing)