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COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS M. VIDUEIRA

Name of Contact Person

ACCESS MEDICAL GROUP OF NORTH MIAMI BEACH. INC.

Firm/ Company

6100 BLUE LAGOON DR. SUITE 365

Address

MIAMI, FL 33126

City/ State and Zip Code

JESUS.VIDUEIRA@COMMUNITYGRP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS M. VIDUEIRA	786 at (322-7333 EXT 1042
Name of Contact Person	Area Co	de & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

ACCESS MEDICAL GROUP OF NORTH MIAMI BEACH, INC.

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

P11000079171

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(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:

N/A				The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ution "Corp," "Inc	," or "Co". A professional of			lation in the
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>) N/A		Cas IA	
				0.00 I	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		N/A	·····		8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D. <u>If amending the registered agent an</u> new registered agent and/or the ne			he name of the		
<u>Name of New Registered Agent</u>	N/A				
	(Fla	orida street address)			
<u>New Registered Office Address</u> :		(City)	, Florida	(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

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)

,

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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: <u>X</u> Change	<u>PT</u> <u>Johr</u>	John Doe		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
<u>X</u> Add	<u>SV</u> <u>Sall</u>	<u>y Smith</u>		
<u>Type of Action</u> (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
i) Change	PD	JESUS M. VIDUEIRA	7700 FORSYTH BLVD.	
X Add			SUITE 800	
Remove			ST. LOUIS, MO 63105	
2) Change	D	CHUCK CHERVITZ	7700 FORSYTH BLVD.	
X Add			SUITE 365	
Remove			ST. I.OUIS, MO 63105	
3) Change	D	CHRIS COFFEY	7700 FORSYTH BLVD.	
X Add			SUITE 800	
Remove			ST. LOUIS, MO 63105	
4) X Change	CEOD	LUIS H. IZQUIERDO	7700 FORSYTH BLVD.	
Add			SUITE 800	
Remove			ST. I.OUIS, MO 63105	
5) Change				
Add				
Remove				
6) Change				
Add			<u></u> .	
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	
√A	
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<u> </u>	
• • • • • • • •	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
//A	

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00/1	5/2019	١.
08/1	572019	<i>.</i>

08/15/2019 Effective date if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

b<u>v</u>_

(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 10 Mulla 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)

JESUS M. VIDUEIRA

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

_____, if other than the