P11000079171

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	: #)
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O SIMMONS MAR 1 9 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: ACCESS MEDICA	AL GROUP OF NORTH M	IIAMI BEACH, INC.		
DOCUMENT NUM	BER: P11000079171				
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	MARIA-HELENA MARTIN	EZ			
		Name of Contact Persor	1		
	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	е		
	mariahelena.martinez@communitygrp.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
MARIA-HELENA MARTINEZ		786	322-7333 EXT 1032		
		de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

ACCESS MEDICAL GROUP OF NORTH MIAMI BEACH, INC.

(Name of Co	orporation as currently	filed with the Florida Dep	t. of State)		
P11000079171					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this I	Florida Profit Corporation a	dopts the following	20 EEB	lment(s) to
A. If amending name, enter the new name N/A	of the corporation:			28 There is	
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or t	" "Inc," or "Co". A			n Corp	2
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>		N/A 			_
					_
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		N/A	-		
					_
D. If amending the registered agent and/or	registered office addr	ess in Florida, enter the na	me of the		_
new registered agent and/or the new res	gistered office address:				
Name of New Registered Agent N/i	1				
	(Florida stre	ret address)	.	-	
New Registered Office Address:		(City)	. Florida(Zip C	lode)	_
New Registered Agent's Signature, if chans I hereby accept the appointment as registered			ns of the position.		
*	Signature of New Re	egistered Agent, if changing			
Check if applicable ☐ The amendment(s) is/are being filed pursua	ant to s. 607.0120 (11) (e), F.S.			

address of each Officer an (Attach additional sheets, ij Please note the officer/direc P = President; V = Vice Pr Executive Officer; CFO = C President, Treasurer, Direc Changes should be noted in a change, Mike Jones leave Mike Jones, V as Remove, a	id/or Di f necessa ctor title resident; Chief Fir etor wou in the foll is the co	rector being added: try) by the first letter of the office title: T= Treasurer; S= Secretary: D= Director; Thancial Officer. If an officer/director holds moreld be PTD. lowing manner, Currently John Doe is listed as reporation, Sally Smith is named the V and S. T.	R= Trustee; C = Chairman or Clerk (EO = Chief to than one title, list the first letter of each office held. Is the PST and Mike Jones is listed as the F. There is these should be noted as John Doe, PT as a Change.
Example: X Change	<u>PT</u>	John Doe	7:46
X Remove	<u>v</u>	Mike Jones	₹************************************
<u>X</u> Add <u>9</u>	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
	PCEOD	MICHAEL A. SAMA	6100 BLUE LAGOON DR
X Add			SUITE 365
Remove			MIAMI, FL 33126
	PD	JESUS M. VIDUEIRA	7700 FORSYTH BLVD
Add	<u>-</u>	-	SUITE 800
Υ			ST. LOUIS, MO 63105
Remove 3) Change	CEOD	LUIS H. ISQUIERDO	7700 FORSYTH BLVD
Add			SUITE 800
X Remove			ST. LOUIS, MO 63105
	DS	CHRIS KOSTER	7700 FORSYTH BLVD
X Add			SUITE 800
Remove			ST. LOUIS, MO 63105
	DS	KEITH H. WILLIAMSON	7700 FORSYTH BLVD
Add		-	SUITE 800
X Remove			ST. LOUIS, MO 63105
6) Change			
Add			

____ Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	•
	2020 FEB
	E E
	= =
	- 16
	
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F. If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amen	n of issued shares, dment itself:
Lift not annalisable indicate M/A)	ument right.
(if not applicable, indicate N/A)	
N/A	
	.,

The date of each amendment(s) ado	02/20/2020 ntion:		_, if other than the
date this document was signed. 02/20/			, 5
Effective date <u>if applicable</u> :	2020		
	(no more than 90 days after an	nendment file date)	
Note: If the date inserted in this blockdocument's effective date on the Department.	ck does not meet the applicable statutory artment of State's records.	filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of direct	tors without shareholder action and	shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of voicient for approval.	otes cast for the amendment(s)	2020
	wed by the shareholders through voting grach voting group entitled to vote separately		1020 FEB 28
"The number of votes cast fo	r the amendment(s) was/were sufficient fo	or approval	A
by			1
	(voting group)		7:46
02/20/2020 Dated		ī	•
Signature	ector, presidently other officer – if directo	ors or officers have not been	-
selected,	by an incorporator – if in the hands of a real fiduciary by that fiduciary)		
М	IICHAEL A. SAMA		
_	(Typed or printed name of perso	n signing)	
P	RESIDENT/CEO/DIRECTOR		

(Title of person signing)