P11000079204

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ACCESS MEDICA	AL GROUP OF MIAMI, IN	NC. ———————————	
DOCUMENT NUMB	BER: P11000079204			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	MARIA-HELENA MARTINEZ			
	Name of Contact Person			
	ACCESS MEDICAL GROUP OF MIAMI, INC.			
	Firm/ Company			
	6100 BLUE LAGOON DR. SUITE 365			
	Address			
	MIAMI, FL 33126			
		City/ State and Zip Code	0	
	mariahelena.martinez@comn	nunitygrp.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio MARIA-HELENA M	n concerning this matter, pleas	786	322-7333 EXT 1032	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made			
S35 Filing Fee	☐S43.75 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		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 Articles of Incorporation oſ



(Name of Corporation	as currently filed with the Florida Dept. of State)
P11000079204	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
N/A	The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered off	fice address:
Name of New Registered Agent N/A	
	(Florida street address)

New Registered Office Address:	, Florida
	•
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I a	ım familiar with and accept the obligations of the position.
Signatur	re of New Registered Agent, if changing
) a
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> John Doe X Remove <u>V</u> Mike Jones \underline{X} Add SVSally Smith Type of Action Address <u>Title</u> Name (Check One) **PCEOD** MICHAEL A. SAMA 6100 BLUE LAGOON DR 1) ____ Change SUITE 365 Add MIAMI, FL 33126 Remove PD JESUS M. VIDUEIRA 7700 FORSYTH BLVD 2) ____ Change SUITE 800 ____ Add ST, LOUIS, MO 63105 Remove CEOD LUIS H. ISQUIERDO 7700 FORSYTH BLVD Change SUITE 800 _ Add Х ST. LOUIS, MO 63105 Remove DS CHRIS KOSTER 7700 FORSYTH BLVD 4) ____ Change SUITE 800 _ Add ST. LOUIS, MO 63105 ____ Remove DS KEITH H. WILLIAMSON 7700 FORSYTH BLVD 5) ____ Change SUITE 800 __ Add ST. LOUIS, MO 63105 Remove 6) ____ Change __ Add _ Remove

(Atta	nending or adding additional Articles, enter change(s) here: the additional sheets, if necessary). (Be specific)	
N/A		
_		
		
		_
•		
		-
F Ifai	amendment provides for an exchange, reclassification, or cancellation of issued shares,	
	visions for implementing the amendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)	
N/A		

	02/20/2020	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
02/2 Effective date <u>if applicable</u> :	0/2020	
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors wit	thout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cas officient for approval.	st for the amendment(s)
	proved by the shareholders through voting groups. each voting group entitled to vote separately on th	
	for the amendment(s) was/were sufficient for appro-	oval
by		
	(voting group)	
02/20/2020 Dated		
selecte	irector, president or other officer – if directors or or od, by an incorporator – if in the hands of a receiver ted fiduciary by that fiduciary)	fficers have not been , trustee, or other court
	MICHAEL A. SAMA	
	(Typed or printed name of person signi	ng)
	PRESIDENT/CEO/DIRECTOR	
	(Title of person signing)	