P11000079204

(Req	uestor's Name)				
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COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ACCESS MEDICA	AL GROUP OF MIAMI, IN	IC.
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MARIA-HELENA MARTIN	PEZ	
		Name of Contact Person	
	ACCESS MEDICAL GROU		•
		Firm/ Company	
	6100 BLUE LAGOON DR. S	. ,	
		Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33126		
	-	City/ State and Zip Code	÷
	mariahelena.martinez@comл	nunitygrp.com	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
1 of farther information	reoneething this matter, preas	se can.	
MARIA-HELENA M	ARTINEZ	at () 322-7333 EXT 1032 de & Daytime Telephone Number
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ACCESS	MEDICAL	GROUP	OF	MIAMI	INC

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P11000079204	بې د .
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>ол:</u>
N/A	The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	7700 forsyth Blud. ST. Louis, MO 63105
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6100 Blue lagoon Dr. Suite 365
	Miami, Ft 33126
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida, enter the name of the
Name of New Registered Agent N/A	
— (Flore	ida street address)
	iau sireei aaaress)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A Thereby accept the appointment as registered agent. I am fam	Agent: siliar with and accept the obligations of the position,
	, , , , , , , , , , , , , , , , , , , ,
Signature of N	New Registered Agent, if changing
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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	HOLLY BENSON	7700 FORSYTH BLVD
Add			STE. 800
X Remove			ST. LOUIS, MO 63105
2) Change	D	CHRIS COFFEY	1301 INTERNATIONAL PKWY
Add			SUNRISE, FL 33323
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dditional Articles, ente if necessary) (Be spec	,		
				
				
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 :				_
<u>f an amendment provid</u>	<u>les for an exchange, rec</u>	lassification, or canc	ellation of issued sha	res,
provisions for implement	nting the amendment if	f not contained in the	e amendment itself:	
(if not applicable, in	acate N/A)			
				·
				_

,

	10/01/2020	
The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
10/01/	2020	
Effective date <u>if applicable</u> :	(no more than 90 days aft	or amandment file data)
	(no more inthi 30 tays the	er amenament file date)
Note: If the date inserted in this blo- document's effective date on the Depart		atory 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 d	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi		of votes east for the amendment(s)
, , , ,	uch voting group entitled to vote sepa	rately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficie	ent for approval
by		···
	(voting group)	
09/25/2020 Dated Signature		
selected,	ctor, president or other officer – if did by an incorperator – if in the hands o I fiduciary by that fiduciary)	
Ŋ	IICHAEL A. SAMA	
_	(Typed or printed name of p	erson signing)
P	RESIDENT/CEO/DIRECTOR	
-	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·