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Fred

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ACCESS MEDIC	AL GROUP OF WESTCH	ESTER, INC.
DOCUMENT NUMI	P11000079213		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	ster to the following:	
	JESUS M. VIDUEIRA		
		Name of Contact Person	1
	ACCESS MEDICAL GROU	IP OF WESTCHESTER, IN	∜C.
		Firm/ Company	
	6100 BLUE LAGOON DR.	SUITE 365	
	•	Address	_
	MIAMI, FL 33126		
		City/ State and Zip Cod	e
JESU	S.VIDUEIRA@COMMUNI	TYGRP.COM	V
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
JESUS M. VIDUEIRA		at (	322-7333 EXT 1042
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
■ \$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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ACCESS MEDICAL GROUP	' () Ի	WESTCHESTER.	INC
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(Name of Corporation as curren	itly filed with the Florid:	a Dept. of State)
P11000079213		
(Document Number	of Corporation (if known	)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corpora	tion adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporate" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or cord "chartered," "professional association," or the abbreviation	"Co". A professional c	ncorporated" or the abbreviation
progessional desociation, or the domecration	N/A	2016 SE
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u> )		
	_	
	<del></del>	
Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
		် ကြီး ဟ
	<del></del>	
. If amending the registered agent and/or registered office ad		ne name of the
new registered agent and/or the new registered office addre	<u>ss:</u>	
N/A Name of New Registered Agent		
(Florida s	street address)	<del></del>
New Registered Office Address:	(City)	, Florida (Ziv Code)
	(3.13)	(infreduce)
ew Registered Agent's Signature, if changing Registered Agen	nt:	
hereby accept the appointment as registered agent. I am familian		gations of the position.
-	_ <del></del>	<del></del>
Signature of New	Registered Agent, if chan	ging

## 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	JESUS M. VIDUEIRA	7700 FORSYTH BLVD.
XAdd			SUITE 800
Remove			ST. LOUIS, MO 63105
2) Change	D	CHUCK CHERVITZ	7700 FORSYTH BLVD.
X Add			SUITE 365
Remove			ST. LOUIS, MO 63105
3) Change	Đ	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. LOUIS, MO 63105
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	onal sheets, if necessa	in the appearance			
/A 					·
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16 .					
provisions f	ment provides for an or implementing the	exchange, reclassif amendment if not	cation, or cancell	<u>ation of issued shar-</u> mendment itself:	es,
(if not a	pplicable, indicate N//	1)			
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	08/15/2019	
The date of each amendment(s) a	doption:	, if other than th
date this document was signed.		
	15/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	t
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	birection president or other officer - if directors or officers have not been	
Signature	lirector, president or other officer – if directors or officers have not been	
(13) 4	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	JESUS M. VIDUEIRA	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT/DIRECTOR	
	(Title of person signing)	