P110000 79117

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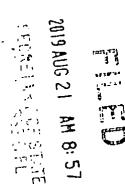
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ACCESS N	MEDICAL GROUP OF PERRINE, INC.			
DOCUMENT NUMBER: P11000079217				
The enclosed Articles of Amendment and fe	ee are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
JESUS M. VIDUEIR	.A			
	Name of Contact Person			
ACCESS MEDICAL	ACCESS MEDICAL GROUP OF PERRINE, INC.			
	Firm/ Company			
6100 BLUE LAGOO	ON DR, SUITE 365			
	Address			
MIAMI, FL 33126				
.	City/ State and Zip Code			
JESUS.VIDUEIRA@COM	IMUNITYGRP.COM			
E-mail address: ((to be used for future annual report notification)			
For further information concerning this matter, please call: JESUS M. VIDUEIRA 786 322-7333 EXT 1042				
Name of Contact Person	at (786) 322-7333 EXT 1042 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee □\$43.75 Filing I Certificate of S				
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 Tailahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	itly filed with the Florida Dep	t, of State)
P11000079217		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpor	orated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	20
(Principal office address MUST BE A STREET ADDRESS)		2 P
		ALIGO BEREIN
		~ 2
C. Enter new mailing address, if applicable:	N/A	in I
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		<u> </u>
D. If amending the registered agent and/or registered office ad	Idease in Florida, onter the no	me of the
new registered agent and/or the new registered office addre		ne or the
Name of New Registered Agent N/A		
reme of the regimered figure		-
(Florida :	street address)	
No. Dominton LANG of the con-		. Florida
New Registered Office Address:	(City)	Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia		is of the position.
		yy
21		
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)

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 PT	John Doe	
\underline{X} Remove \underline{V}	Mike Jones	
<u>X</u> Add <u>SV</u>	Sally Smith	
Type of Action Title (Check One)	<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) ChangeD	CHUCK CHERVITZ	7700 FORSYTH BLVD.
X Add		SUITE 365
Remove		ST. LOUIS, MO 63105
3) Change	CHRIS COFFEY	7700 FORSYTH BLVD.
X Add		SUITE 800
Remove		ST. LOUIS, MO 63105
4) X Change CEO	D LUIS H. IZQUIERDO	7700 FORSYTH BLVD.
Add		SUITE 800
Remove		ST. LOUIS, MO 63105
5) Change		7700 FORSYTH BLVD.
Add		SUITE 800
Remove		ST. LOUIS, MO 63105
6) Change		
Add		
Remove		

Attach additional sheets, if necessary). (Be specific)	
A	
	
	
	
If an amendment manides for an evaluation results if eating on annual lating of issued shares	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
A	
	
	· <u>-</u>

	08/15/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
	8/15/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after a	mendment file date)
Note: If the date inserted in thi document's effective date on the		filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of vo- sufficient for approval.	otes east for the amendment(s)
	approved by the shareholders through voting gr for each voting group entitled to vote separatel	
"The number of votes ca	ast for the amendment(s) was/were sufficient fo	r approval
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without share	holder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without sharehold	er action and shareholder
Dated	115/2019	
Signature	115/2019 Jessel Child	
(By	a director, president or other officer – if director by an incorporator – if in the hands of a re-	
	ointed fiduciary by that fiduciary)	seerer, tradect of other court
	JESUS M. VIDUEIRA	
	(Typed or printed name of perso	on signing)
	PRESIDENT/DIRECTOR	
	(Title of person sign	iing)