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(Ad	ldress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ACCESS MEDICAL GROUP OF FLORIDA CITY, INC.				
DOCUMENT NUMBER:	P11000079218			
The enclosed Articles of Ar	nendment and fee are sub	omitted for filing.		
Please return all correspond	lence concerning this mat	ter to the following:		
JESI	US M. VIDUEIRA			
		Name of Contact Persor	1	
ACC	CESS MEDICAL GROUP	P OF FLORIDA CITY, IN	C.	
	<u> </u>	Firm/ Company		
6100	BLUE LAGOON DR. S	SUITE 365		
		Address		
MIA	MI, FL 33126			
		City/ State and Zip Code	e	
JESUS.VI	DUEIRA@COMMUNIT	YGRP.COM	√	
E-mail address: (to be used for future annual report notification)				
For further information con JESUS M. VIDUEIRA	cerning this matter, please	786	322-7333 EXT 1042	
Name of Contact Person		at (de & Daytime Telephone Number	
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	following amount made p	ayable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	□S43.75 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)	
Division of P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

	ACCESS MEDICAL	GROUP OF F	LORIDA	CITY.	INC
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(Name of Corporation as curre	ently filed with the Florida Dept. of State)
	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation 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 "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
	20 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 2 2
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent N/A	
(Florida	ı street address)
New Registered Office Address:	Florida
	·
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
	w 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	<u>PT</u> <u>Johr</u>	1 Doe			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
_X Add	<u>SV</u> <u>Sall</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.		
X Add			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	D	CHRIS COFFEY	7700 FORSYTH BLVD.		
$\frac{X}{X}$ 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					

(Attach	additional sheets, if nece	ssary). (Be specific)		
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if an an	nendment provides for	an exchange, reclass	ification, or cance	llation of issued shares,	
provis	ions for implementing	he amendment if no	t contained in the a	amendment itself:	
_	not applicable, indicate	<i>N</i> /4)			
/A 					
					
	<u> </u>		<u>-</u>		

	08/15/2019	
The date of each amendment		, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	08/15/2019	
meetive date ir appreadite.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	fill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
DatedSignature	8/15/2019 Assullahuka	
(B	y a director, president or other officer – if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court	
aŗ	pointed fiduciary by that fiduciary)	
	JESUS M. VIDUEIRA	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	