## P11000079218

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ACCESS MEDICA	L GROUP OF FLORIDA	CITY, INC.
DOCUMENT NUME	BER: P11000079218		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MARIA-HELENA MARTIN	EZ	•
•		Name of Contact Persor	1
	ACCESS MEDICAL GROU	P OF FLORIDA CITY, IN	C.
		Firm/ Company	<del>-</del>
	6100 BLUE LAGOON DR. S	• •	
		Address	
	MIAMI, FL 33126		
		City/ State and Zip Code	
	mariahelena.martinez@comn	unitygrn.com	
	<del>-</del>	sed for future annual report	notification)
			,
For further information	n concerning this matter, pleas	se call:	
MARIA-HELENA M.	ARTINEZ	786	322-7333 EXT 1032
Name of Contact Person		at (at (	) 322-7333 EXT 1032 de & Daytime Telephone Number
, idanie	or comment organ	71102 00	de de Dayime reiepnone reinoer
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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ACCESS MEDICAL GROUP OF FLORIDA CITY, INC.

(Name of Corporation as	currently filed with the Florida Dept. of State)
P11000079218	<del></del> -
(Document )	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor N/A	r <u>ation:</u> The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation.	ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	7700 Forsuth Blud
(Principal office address <u>MUST BE A STREET ADDRES</u>	ST. Louis, MO 63 105
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6100 Blue Lagorn Dr.
	U100 Blue Lagorn Dr. Suite 365
	MIami, FL 33126
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the e address:
Name of New Registered Agent N/A	
	Florida street address)
New Registered Office Address:	
New Registered Office Address.	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:
hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
	<u>ట</u> 
Signature	of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
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			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
n/a	
F. 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)	
n/a	
	<del></del>

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	10/01/2020	
The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	10/01/2020	
	(no more than 90 days after t	imendment file date)
	his block does not meet the applicable statutor he Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of direct	ctors without shareholder action and shareholder
☐ The amendment(s) was/wei by the shareholders was/w	re adopted by the shareholders. The number of vere sufficient for approval.	otes cast for the amendment(s)
	re approved by the shareholders through voting a d for each voting group entitled to vote separate	
"The number of votes	cast for the amendment(s) was/were sufficient	for approval
by		., 
	(voting group)	
09/25	/2020	
Dated	<u> </u>	
Signature		
(B	y a director, president or other officer – if direct lected, by an incorporator – if in the hands of a opointed fiduciary by that fiduciary)	
	MICHAEL A. SAMA	
	(Typed or printed name of pers	on signing)
	PRESIDENT/CEO/DIRECTOR	
	(Title of person signing)	<del></del>