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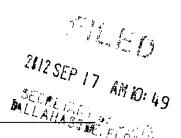
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Luis G. Ra DOCUMENT NUMBER: P1200003462	mirez, M.D., P.A 23	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Luis G. Ramirez	- Bracho, M.D.	
	Name of Contact Person	1
Luis G Ramirez l	M D PA	
	Firm/ Company	
8200 SW 117th A	Avenue, Suite 10)4-A
	Address	
Miami, Florida 33	3183	
	City/ State and Zip Cod	e
lgramirezb@gmail.co	om	
	sed for future annual report	notification)
For further information concerning this matter, plea Melissa Montes De Oca	se call: at (305	, 403-0131
Name of Contact Person)de & Daytime Telephone Number
Enclosed is a check for the following amount made		•
■ \$35 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 Tallahassec, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

*----

Articles of Amendment Articles of Incorporation of



Luis G. Ramirez, M.D., P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000034623

(Document Number of Corporation (if known)

ndment(s) to

Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendmen	
A. If amending name, enter the new na LUIS G RAMIREZ M D P			The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "C	o". A professional corpo	porated" or the abbreviation	
Enter new principal office address, if applicable:		8200 Southwest	117 AVENUE	
(Principal office address MUST BE A ST	TREET ADDRESS)	Suite 104-A		
		MIAMI, FL 331	83-4825	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8200 Southwest 117 AVENUE Suite 104-A		
				MIAMI, FL 33183-4825
		D. If amending the registered agent an new registered agent and/or the new	d/or registered office address: v registered office address: Luis G. Ramirez I	
	8200 Southwest 117 A	VENUE SUITE 104-	4	
	(Florida stree	,	-	
New Registered Office Address:	MIAMI (City)	, Florid	a 33183-4825 (Zip Code)	
New Registered Agent's Signature, if el I hereby accept the appointment as regista	hanging Registered Agent:	th and accept the obligation of the changing	,	

Page 1 of 4

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Luis G. Ramirez Bracho, M.D.	8200 SW 117 AVENUE
X			Suite 104-A
Remove			Miami, Florida 33183
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			· · · · · · · · · · · · · · · · · · ·
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

Attac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)	
	,) / / /	
•		
<u>prov</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself:	
ı	if not applicable, indicate N/A)	
		

The date of each amendment(s) adoption: July 1, 2012
Effective date if applicable: July 1, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated $9/7/20(2)$
Signature 4/M
(By a director, president or other officer—if directors or officers have not been
selected, by an incorporator — If in the hands of a receiver, trustee, or other court appointed figureary by that fiduciary)
appointed inductary by that inductary)
Luis G. Ramirez Bracho, M.D.
(Typed or printed name of person signing)
President
(Title of person signing)