P12000040083

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SECRETARY OF STATE OIVISION OF CORPORATIONS

12 May - 7 PM 1:55

Amendicus

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:		W SEVENTH ST INC.			
DOCUMENT NUMBER: P120000400	83				
The enclosed Articles of Amendment and fee are s	submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
EDWIN A HERR	RERA				
Name of Contact Person					
NOSTRUM MEDICAL CENTER NW SEVENTH ST INC					
Firm/ Company					
2141 NW 7TH S	2141 NW 7TH ST				
Address					
MIAMI, FL 3312	5				
	City/ State and Zip Cod	e			
vladimirartista@yah	oo.com				
	used for future annual report	notification)			
For further information concerning this matter, plea	ase call:				
EDWIN A. HERRERA 642-2345					
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:			
□ \$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 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Articles of Amendment Articles of Incorporation

NOSTRUM MEDICAL CENTER NW SEVENTH ST INC.

		•	-		
(<u>N</u>	ame of Corporation	as currently filed wit	h the Florida De	pt. of State)	
P1200004	0083				

nt(s) to

(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	<i>lorida Profit Corporation</i> ad	opts the following amendme
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa-	ation "Corp," "Inc," or "C	o". A professional corpora	rated" or the abbreviation
B. Enter new principal office address,	if applicable:	2141 NW 7th St	reet
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		Suite 105	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33125	5
		2141 NW 7th St	reet
		Suite 105	
		Miami, FL 33125	5
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the nam	e of the
Name of New Registered Agent	NO CHANGE		
	(Florida stree	t address)	
New Registered Office Address:	NO CHANGE	, Florida_	<u> </u>
	(City)		(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		th and accept the obligations	of the position
, 1 11	gy	guitan	-y greenwern
Sig	gnature of New Registered Ag	ent, 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 <math>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: XChange	<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 Add Remove	VP	VLADIMIR PRIETO	10910 SW 38 STREET MIAMI, FL 33165
2) Change Add Remove			
3) Change Add Remove		_	
4) Change Add Remove		_	
5) Change Add Remove			
6) Change Add Remove			

O CHANGE	(Be specific)
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 5/1/2012		
Effective date if applicable: 5/1/2012	2	
	(no more than 90 days after amendment file date)	
·		
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.	
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(1)	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	
Dated 5/1/2012	chie + 1/00101 M	
Signature	mu / geown.	
selected by an ir	esident or other officer – if directors or officers have not been acorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
EDW	IN A. HERRERA	
	(Typed or printed name of person signing)	
PRES	BIDENT	
	(Title of person signing)	