P12000047420

(R	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
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2113 JUN - 7 PM 3: 28
SECRETARY OF STATE
FALLAHASSEE: FLORIDA

6/12/13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Galatas N. DOCUMENT NUMBER: P120000474		r Inc.
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Tania Rodrigue	ez	
	Name of Contact Person	1
Galatas Medic	al Center Inc	
	Firm/ Company	
10912 SW 184	th ST	
	Address	
Miami, FL 331	57	
· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	
jeanc0202@yaho	o com	
	sed for future annual report	notification)
`	•	·
For further information concerning this matter, pleas	se call:	
Tania Rodriguez	305	254-0104
Name of Contact Person		de & Daytime Telephone Number
Paralage disease to the Season Seal Control of the season and the		
Enclosed is a check for the following amount made	payable to the Florida Depa	riment 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 ussee, FL 32301

Articles of Amendment Articles of Incorporation

Galatas Medical Center Inc.

2813 JUN -7 PM 3: 28

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

P12000047420

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known)

dment(s) to

me must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or to	orp," "Inc," or "Co". A pri	any," or "incorporate ofessional corporatior	ed" or the ab n name must c
Enter new principal office address, if applical rincipal office address MUST BE A STREET AND ADDRESS MUST BE A STREET AND ADDRESS MUST BE A STREET AND ADDRESS MUST BE A STREET AND ADDRESS MUST BE ADDRESS MUST BE A STREET AND ADDRESS MUST BE ADDRE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <i>OX</i>)		
If amending the registered agent and/or regis new registered agent and/or the new registered		ida, enter the name o	f the
Name of New Registered Agent			
	(Florida street address)		
	(City)	, Florida	(Zip Code)

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 <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: X Change	<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	Р	Ramon Sierra	11468 Quail Roost Dr.
Add			Miami, FL 33157
X Remove			
2) Change	Р	Nelson M. Ramirez	10912 SW 184th ST
X Add			Miami, FL 33157
Remove			
3) Change		 	
Add			- <u></u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			100000000000000000000000000000000000000
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)
f 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)

The date of each amendment(s) a	doption: 04/30/2013
Effective date <u>if applicable</u> : 02	4/30/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	opied by the incorporators without shareholder action and shareholder
_{Dated} 05/09	0/2013
Signature	VIII)
(By a c	director, president or other officer - if difectors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
и рроп	
	Nelson M. Ramirez
	(Typed or printed name of person signing)
	Owner, President
	(Title of person signing)