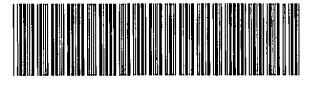
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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER 4

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MEDICAL RESEA	ARCH OF WESTCHESTE	R INC		
DOCUMENT NUM	BER: P12000057862				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	MARIA ELENA HERNANI	DEZ			
	Name of Contact Person				
	MEDICAL RESEARCH OF WESTCHESTER INC				
	Firm/ Company				
	922 SW 82ND AVE				
	Address				
	MIAMI, FL 33144				
		City/ State and Zip Cod-	e		
	Hernandezmaria2567@yahoo	o.com			
	~ .	sed for future annual report	notification)		
For further informatic	on concerning this matter, pleas	se call: at (826-5887		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MEDICAL RESEARCH OF WESTCHESTER INC.

(Name	of Corporation as currentl	y filed with the Florida Dept. of !	State)
P12000057862			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts	the following amendment(
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co", z		e abbreviation "Corp.,"
B. Enter new principal office address,		N/A	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		20
			2070 APIX
			
C. Enter new mailing address, if appl		N/A	27
(Mailing address MAY BE A POST	OFFICE BOX)		
		-	PH 12: 2
			21
D. If amending the registered agent at new registered agent and/or the ne			<u>the</u>
Name of New Registered Agent	N/A		
<u> </u>	N/A		
	(Florida str	eet address)	
New Registered Office Address:		, Flo	33144
New Neglatered Office Planetas.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			he position
Thereof the approximation to region		in and accept the sonigations by t	a position.
	Signature of New R	egistered Agent, if changing	
Check if applicable			

[☐] 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, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. The 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 Doc	
X Remove	<u>y</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	VP	LAZARO HERNANDEZ	922 SW 82NDTH AVE
X Add			MIAMI, FL 33144
Remove			
2) Change		_	
Add			
3) Remove 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	
	
	
	<u> </u>

F. If an amendment provides for an exchange, reclassification, or cancellation	of issued shares.
provisions for implementing the amendment if not contained in the amend	
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:	, if other thar
date this document was signed.	
Effective date if applicable:	.
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	l not be listed a:
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	l shareholder
☐ 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	
bv N/A	
(voting group)	
02/03/2020 Dated	
(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 fiduciary by that fiduciary)	_
MARIA E HERNANDEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	