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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALBERTO BURGOS-TIBURCIO, M.D., P.A. P12000059847 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PAOLA M. DEL VALLE PATRON Name of Contact Person THE WELLNESS SPHERE Firm/ Company 1120 WALLACE STREET Address CORAL GABLES, FL 33134 City/ State and Zip Code paoladelvalle@thewellnesssphere.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAOLA M DEL VALLE PATRON Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



ALBERTO BURGOS-TIBURCIO, M.D., P.A.

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

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nent(s) to

A. If amending name, enter the new name of THE WELLNESS SPHE			The
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation 'vord "chartered," "professional association," of	'Corp," "Inc," or "C	o". A professional corporation name mu.	abbrev
3. Enter new principal office address, if appli	icable:	1120 WALLACE STREET	
Principal office address MUST BE A STREET		CORAL GABLES, FL 3313	4
2. Enter new mailing address, if applicable:			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)		
	E BOX)		
	E BOX)		·
(Mailing address MAY BE A POST OFFIC D. If amending the registered agent and/or re	gistered office addre	ss in Florida, enter the name of the	-
(Mailing address MAY BE A POST OFFIC D. If amending the registered agent and/or renew registered agent and/or the new registered.)	gistered office addre	ss in Florida, enter the name of the	
(Mailing address MAY BE A POST OFFIC D. If amending the registered agent and/or re	gistered office address:	ss in Florida, enter the name of the	
(Mailing address MAY BE A POST OFFIC D. If amending the registered agent and/or renew registered agent and/or the new registered.)	gistered office address:		
(Mailing address MAY BE A POST OFFIC D. If amending the registered agent and/or renew registered agent and/or the new registered.)	egistered office addre tered office address: N/A		

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.

Example: X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith	1		•
Type of Action (Check One)	Title	<u>Name</u>	AL/A	<u>Addres</u> s	
1) Change			IV H		
Add Remove			1		
2) Change					
Add					
Remove	•				
3) Change				-	
Add					
Remove					
4) Change					
Add	•				
Remove					
5) Change		<u> </u>			
Add					
Remove					
6) Change					
Add	• .				
Remove					

. If amending or adding additional Arti	
(Attach additional sheets, if necessary).	(Be specific)
I/A	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	2
N/A	<i>}</i>

The date of each amendment(s) adoption: 03/06/2015	, if other than the
date this document was signed.	 -
Effective date if applicable:	
(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)	
(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 03/06/2015	
Signature Toole Del Walle Patron	
(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)	_
PAOLA DEL VALLE PATRON	_
(Typed or printed name of person signing)	
PRESIDENT	_
(Title of person signing)	