P12000/03695

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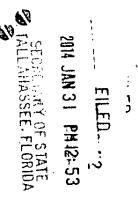
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COVER LETTER

TO: Amendment Section Division of Corporation				
	LATION: MIAMI BE		,	
DOCUMENT NUME	BER: P12000	103695		
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	MARIO A	Name of Contact Person		
	MIL MAIL BO	Firm/ Company	03 (1010	
	400 11	Firm/ Company 4 ST # 310 Address	· · · · · · · · · · · · · · · · · · ·	
	(οο ω.	Address		
,	MILANI	City/ State and Zip Code	33170	
	MAM C MIAMI E-mail address: (to be us	BEACHVEIN.	notification)	
	L-man autoress. (w oc us	ed for future annual report	notification)	
For further information concerning this matter, please call:				
MARIO	MALVEHY	305	de & Daytime Telephone Number	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 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		Street Address		
Amendment Section Division of Corporations		Amendment Section		
	Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314			2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

FILED

MIAMI BEACH VEW INSTIT	UTE P.A. 2014 JAN 31 PM 12: 53
(Name of Corporation as currently filed with the Flo	
P12000103695	TALLAHASSEE, FLORIDA
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006 , Florida Statutes, this F_0 its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
. MALVEHY MEDICAL, P.A	The new
MALVEHY MEDICAL, P, A name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	400 W. 41 ST #311
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI BEACH, FL 33140
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	400 W. 41 ST # 311
	MIAMI BEHLY FL 33140
D. If amending the registered agent and/or registered office addressing new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent NA	
<u> </u>	
(Florida stree	et address)
New Registered Office Address: New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Registered As	gent, 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 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>	Name	<u>Addres</u> s
1) Change		NA	
Add			<u>.:</u>
Remove		.1	
2) Change		A/A	
Add			
Remove 3) Change		N/a	
Add		-	
Remove		()	
4) Change		NA	
Add			
Remove		1	
5) Change		NA	
Add			
Remove		. 1	
6) Change	_	N /A	
Add Add			
Remove			

E. <u>I</u>	f amending o Attach <i>additio</i>	or adding addination and sheets, if n	<mark>itional Articles</mark> ecessary). <i>(I</i>	i <mark>, enter chang</mark> Be specific)	e(s) here:		
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F. <u>I</u>	provisions fo	or implementing plicable, indicable, indicab	ng the amendo	ze, reclassifica nent if not cor	ition, or cancel stained in the a	lation of issued s mendment itself:	<u>hares,</u>
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The date of each amendment(s) adoption: July 28, 2014 date this document was signed.	_, if other than the
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 120 14	
Signature	
(By a director, president of 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)	
MARIO MA LUELY (Typed or printed name of person signing)	
(Typed or printed name of person signing)	_
PREJIDENT	
(Title of person signing)	_