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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: AMENICAN MEDICAL CIPE DOCUMENT NUMBER: P13000017608				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
IS 45el OS 011a  Name of Contact Person				
AMerican medical Clinic Corp				
175 FONTAINEDIEUU BIVA = 1-RGA				
MiAMi R 33172				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ISabel OSO11 at 305 776 4202  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  Certificate of Status  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

	Articles of Amendment				
	Articles of Incorporation				
(Name of Corporation as currently filed with the Florida Dept. of State) TALLAMAGE OF STATE					
P130000 76108 TALLAHASSEE, FLOREDA					
(Document Number of	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Floriests Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the	corporation:				
	The new ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the see abbreviation "P.A."				
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AD</u>					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<b>QX</b> )				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:					
Name of New Registered Agent	595el 05011a				
175	FONTAINEBLEOU BLUCH # 1- RUA (Florida street address)				
New Registered Office Address:	MiAMi , Florida 33172 (City) , Zip Code)				
New Registered Agent's Signature, if changing Reliable in the Agent in the Appointment as registered agents	egistered Agent:  — fam familiar with and accept the obligations of the position.				
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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u> </u>	Batista, Jorge	175 Fortginebleau BIVCI
AddRemove		<i>,</i> , , , , , , , , , , , , , , , , , ,	± 1-26A MiAMi R 33N2
2)Change	<u> </u>	Osoria, Isabel	175 FONTAINEBLEAU BLUG
Remove			MiAMi R 33172
3) Change	·····		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
and the state of t	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	3/1/13		
Effective date if applicable:	3/1/13		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s) (CI	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.		
	the shareholders through voting groups. The following statement of group entitled to vote separately on the amendment(s):		
"The number of votes cast for the ame	endment(s) was/were sufficient for approval		
by	oting group)		
	e board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder		
Dated3/1/	13		
Signature _ X	alvina		
(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)			
	Isabel Osona		
(Typed or printed name of person signing)			
	president		
	(Title of person signing)		