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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327 Taliahassee, FL 32314

Division of Corporations

Division of Corporations				
NAME OF CORPORATION: Miani Excellence Medical Center Inc.				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ana Maria Ael				
Name of Confact Person				
Mianie Excellence Nedicof Confee Inc				
Firm/ Company				
8000 NW 7 street Svile 102				
Address				
Mianie FL 33126 City/ State and Zip Code				
City/ State and Zip Code				
and Orioniexcellence mc. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ana Maxia Ael 11, 786, 382 9177				
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

to

4	of	
Hisin Excellence Modis	of Center Inc	
	ently filed with the Florida Dept. of State)
	0049400	
(Document Number	er of Corporation (if known)	.
Pursuant to the provisions of section 607,1006. Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the f	following amendment(s)
A. If amending name, enter the new name of the corporation:	1	
	N/A	The man
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name	r the abbreviation e must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<i>N/A</i>	
(Frincipal office address SIOST BE A STREET ADDRESS)		- 4
<u> </u>		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	150 mg 1 mg
		一
		<u> </u>
		<u> </u>
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the name of the	
new registered agent and/or the new registered office addr		
Name of New Registered Agent	NA	
	,	
tFlorida	i street address)	
New Registered Office Address:	. Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age thereby accept the appointment as registered agent. I am familia		sition.
	,	
	. /	
-	N/A w Registered Agent, if changing	
Signature of Ne	w Régistered 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 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	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP_	Lisbet Bazaga	8000 NW-15t5te 102
Add			Main FL 33/26
X_ Remove			
2) Change	_V	Lister Borraga	8000 NW 75/5/e 102
Add			Minin FZ 33126
X_ Remove			<u></u>
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding addit (Attach additional sheets, if ne	ional Articles, en cessary). (Be sp	ter change(s) he pecific)	<u>:c</u> ;		
			NA		
					
		<u> </u>		<u>.</u>	
	·				
					
			 .		
					· · · · · · · · · · · · · · · · · · ·
			 -		
If an amendment provides for	er an exchange, r	eclassification, o	r cancellation of i	ssued shares.	
provisions for implementin (if not applicable, indica	<u>t the amendment</u> te N/A)	n not contained	in the amendmen	<u>tatsett:</u>	
••		1/1			
		N/A		·	
· · · · · · · · · · · · · · · · · · ·					
			-		
- · · ·					
				-	
			<u></u> .		

The date of each amendment(s) adoption:	N/A	, if other than the
date this document was signed.		
Difference data if applicables	14/15/18	
Effective date if applicable: (no m	nore than 90 days after amendment file date.)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		ts, this date will not be listed as the
Adoption of Amendment(s) (CHECK C	<u>ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	olders. The number of votes east for the ame	endment(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group		
"The number of votes cast for the amendment	(s) was/were sufficient for approval	
by	······································	
(voting gra	<i>нр)</i>	
☐ The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and s	chareholder
☐ The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder action and share	holder
Dated <u>05/01/18</u>		
Signature	Delollat.	
(By a director, president or	r other officer - if directors or officers have	
	or - if in the hands of a receiver, trustee, or o	other court
appointed fiduciary by that	i indiciary)	
4	or printed name of person signing)	
(Typed	or printed name of person signing)	
	Vice President	
	(Title of person signing)	