## P14000017937

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COL	RPORATION: VIP MEDIC	AL CLINIC COF	RPORATION				
DOCUMENT N	UMBER: P1400001793	7					
	icles of Amendment and fee are sul						
Please return all	correspondence concerning this mat	ter to the following:					
	YOUDEL MARTII	NEZ					
		Name of Contact Person					
	VIP MEDICAL CL	LINIC CORPORA	ATION				
	Firm/ Company						
14850 SW 26 STREET SUITE #111							
	Address						
	MIAMI, FL 33185						
		City/ State and Zip Code	;				
-	E-mail address: (to be us	ed for future annual report	notification)				
For further inform	nation concerning this matter, pleas	e call:					
YOUDEL	MARTINEZ	at ( 786	. 488-9037				
N	ame of Contact Person	Area Coo	de & Daytime Telephone Number				
Enclosed is a che	ck for the following amount made p	payable to the Florida Depa	rtment of State:				
□ \$35 Filing Fe	ee ☐\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301				

## Articles of Amendment to Articles of Incorporation of

FILED

## VIP MEDICAL CLINIC CORPORATION

2914 HAY 16 PM 2: 03

(Name of Corporation as currently) P1400017937	med with the Fiorida	Dept. of State	と言葉は近り 地間 A H A H A	SSEE, FLOR	ŘÍĎA
		<u> </u>	19		
(Document Number o	of Corporation (If know	/n)	•••		
ursuant to the provisions of section 607.1006, Floric s Articles of Incorporation:	da Statutes, this <i>Florid</i>	a Profit Corpoi	ration adopts	the following	amendmen
If amending name, enter the new name of the c	corporation:				
					21
ame must be distinguishable and contain the wo Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	p, " "Inc," or "Co".			d" or the abo	
B. Enter new principal office address, if applicable	le:				
Principal office address <u>MUST BE A STREET AD</u>					
	_				
. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )				
				<del></del>	
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered.</li> </ol>		Florida, enter	the name of	the	
new registered agent and/or the new registered	d office address.				
Name of New Registered Agent			<del> </del>		
	(Florida street add	tress)			
New Registered Office Address:	(City)		Florida		
	(City)			Zip Code)	
n n ta la assista n					
lew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	egisterea Agent: I am familiar with a	nd accept the ob	ligations of t	he position.	
V 11	<b>V</b>	•	_ ,	•	
01 63	New Registered Agent,	:fohavalva			

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 Do	ne e	
X Remove	V	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP,D		CHANTELL PEREZ	10740 SW 55 TER
Add				MIAMI FL 33165
Remove				
2) Change		<del>_</del>		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

	nending or adding additional Art ch additional sheets, if necessary).	(Be specific)	synere:		
		·			,
		<del></del>			
		<del></del>			
					•
lf ar	amendment provides for an exc	nango roclossificati	on or cancellatio	n of iccuad charac	,
pre	visions for implementing the am	ndment if not cont	ained in the amen	dment itself:	<u> </u>
	(if not applicable, indicate N/A)				
			***		

The date of each amendment(s) adoption: 05/01/2014	, if other than the
date this document was signed.	
Effective date if applicable: 04/30/2014	
(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 05/01/2014	
Signature	
signature  By 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)	_
YOUDEL MARTINEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>