P14000101597

, . (Re	equestor's Name)	
(Ad	ldress)	.
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COVER LETTER

TO: Amendment Se Division of Cor		va)	**
NAME OF CORPO	DRATION: Emergent Healthca	re Corporation	
DOCUMENT NUM	1BER: P14000101597		
The enclosed Article	es of Amendment and fee are sul	omitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
	Bernard Klocman		
		Name of Contact Person	n
	Emergent Healthcare Corpora	tion	
		Firm/ Company	
	304 Indian Trace Suite 251	, ,	
		Address	
	Fort Lauderdale, Fl 33326		
		City/ State and Zip Cod	e
bklo	ocman@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	e call:	
Bernard Klocman		954	349-8856
Name	e of Contact Person	Area Co) 349-8856 de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	ayable to the Florida Depa	artment 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)
	ailing Address		Address
	nendment Section		Iment Section on of Corporations
	vision of Corporations O. Box 6327		n or Corporations Building
Tallahassee, FL 32314 Cfitton Banding Canon Banding Canon Banding Canon Banding Canon Banding			Executive Center Circle
		Tallah	assee, FL 32301

Articles of Amendment Articles of Incorporation

ergent Healthc	are Corporation	PM 1: 22
rporation as current	ly filed with the Florida Dep	新野 394年)
		SECHENA TOF STATE
		TALLAHASSELT
Clarida Statutes this	Florida Profit Corneration	donts the following amendment
i, rithida Statutes, titis	Tionua Froja Corporation (dopts the following amendment
of the corneration:		
or the corporation.		_
	P 11	The new
n "Corp," "Inc," or "	"Co". A professional corpor	ration name must contain the
plicable:	N/A	
ET ADDRESS)		

	N/A	
registered office odd	ress in Florida enter the no	me of the
		inc of the
N/A		
		
(Florida su	reet address)	
(Florida su N/A	reet address)	_, Florida
	(Document Number of the corporation: the word "corporation" "Corp," "Inc," or "or the abbreviation oplicable: ET ADDRESS) e: registered office add	the word "corporation," "company," or "incorporation," "Torp," "Inc," or "Co". A professional corporation the abbreviation "P.A." pplicable: N/A ET ADDRESS) Company

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	<u>×e</u>	
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	СТО		Carles Juan Martinez	2357 SE 23rd Drive
X Add				Homestead, FI 33035
Remove				
2) Change				
Add				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
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	hange, reclassific	ation, or cancel	lation of issued sha	ires,
If an amendment provides for an exc	endment if not co	ntained in the a	mendment itself:	
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	endment if not co	ntained in the a	mendment itself:	
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The date of each amendment(s) ac date this document was signed.	loption:, if other than th
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as th partment of State's records
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ador by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
August 1, 2 Dated	
Signature	L)d-
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	Bernard Klocman
	(Typed or printed name of person signing)
	President
	(Title of person signing)