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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: LIFE Homestead MEdical Center CORF
DOCUMENT NUMBER: P15 000002916
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria E. RAMentol
Name of Contact Person  Life Homestead Hedical Center Cox.
Firm/Company  8700 W Flagler St. #275  Address
Migmi 72. 33174
City/ State and Zip Code  Left homesteadmed@gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marie of Contact Person at (786), 536-2196  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  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

## LIFE HOMESTEAD MEDICAL CENTER CORP

(Name of Corporation as currently filed with the Florida Dept. P15000002916 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) \_\_\_\_, Florida New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u> <u>Joh</u>	ın Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>P</u>	Carlos Richard	8700 W. Flagler ST #275 H.Am. Pr. 33174
Add		ESPADA ESBUIVEL	Miam, Fx. 33174
Remove  2) Change	VP	Maria E Ramantol	8700 W Flagler ST # 275 Miam 41. 33174
Add			MIAM 41. 33174
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here:  (Be specific)
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		···
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amen fficient for approval.	dment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<b>"</b>	
· 10	(voting group)	
Dated	V116 2022	
Signature	10 11 January	
	rector, president or other officer - if directors or officers have no	
	<ul> <li>by an incorporator – if in the hands of a receiver, trustee, or othed fiduciary by that fiduciary)</li> </ul>	ier court
арроше	A	
	Haria E Ramentol (Typed or printed name of person signing)	
•	(Typed or printed name of person signing)	
	Presiden+	
	(Title of person signing)	