P150000004008

(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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10 JAN 11 PM12: 57

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HOLY MEDICAL	CENTER INC		
DOCUMENT NUME	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	JORGE COELLO			
		Name of Contact Person	1	
	HOLY MEDICAL CENTER	INC		
		Firm/ Company		
	2740 S.W. 97 AVENUE # A	-111		
Address				
	MIAMI, FLORIDA 33165			
		City/ State and Zip Cod	e	
HOL	YMEDICALCENTER@HOT	MAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
JORGE COELLO		at (786-	616-8037	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable 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)	
Ame Divi P.O.	hing Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HOLY MEDICAL CENTER INC

16 JAN 11 PM 12: 57

(Name o	of Corporation as currentl	ly filed with the Florida Dept. of State)
P15000004008		
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
	ation "Corp," "Inc," or "	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		
D. If amending the registered agent an new registered agent and/or the new		
	YOSELIN A RIVERA	<u> </u>
Name of New Registered Agent	2740 S.W. 97 AVENUE #	# A_111
		reet address)
New Registered Office Address:	MIAMI	Florida 33165
then hegistered office radicess.		(City) (Zip Code)
, , ,		t: 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 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	JORGE COELLO	2740 S.W. 97 AVE
Add			SUITE A-111
Remove			MIAMI, FLORIDA 33165
2) Change	P	YOSELIN RIVERA	2740 S.W. 97 AVE
XX Add			SUITE A-111
Remove			
3) Change			
Add			₹ ₩ ₽ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
,	
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
(if not applicable, indicate N/1)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		SCOTT IN YOUR THE
Effective date if applicable:		
	(no more than 90 days after amendment file date)	16 JAN 11 PH 12: 57
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	nent(s)
	pproved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	holder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	er
	er 21, 2015	
DatedSignature	Tarel in there	
(By a selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	YOSELIN A. RIVERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	