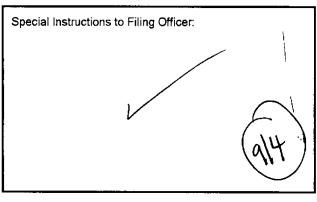
P15000011013

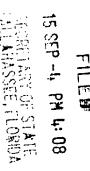
(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/Si	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	ı
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filir	ng Officer:	



Office Use Only



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Amana,

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TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations		15 AUS 31 Fil 4: 52
SUBJECT: SCORENT NUMBER: SCORE	Name of Corporation) (Name of Corporation)	<u> </u>
VACCELY HER (Name o	f Person)	·
Southland (Name of Fir	Thies, and.	
8470 W Flagle	1	
Miami (City/State a	33144 nd Zip Code)	
For further information concer	ning this matter, please call:	
. 1	Andez at (786) 4470 (Area Code & Daytime Tele	phone Number)
Enclosed is a check for the following amou	unt made payable to the Florida Department of State:	
□ \$35 Filing Fee □\$43.75 Filing Certificate of		Status y
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporati	on
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// I of of	o. po. a
Southland Clini	cs, Coxp.
(Name of Corporation as currently	y filed with the Florida Dept. of State)
4.150000 110	0 (3
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this at its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
, and the state of	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8420 W + lagler St
(Manual manual m	Suite 210
	100 it 018
	MIAMI, +C 33144
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
	<u>:-</u>
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Now Desired and Assets Simulation if the union Desired and Assets	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	with and accept the obligations of the position: 5
	Some In
	Registered Agent, if changing
Signature of New F	Registered Agent, if changing
	ORAT CE

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u> -	Oscilda Fernandez	50 ite J
Add			
Remove			DOXA (, FC 33/72
2) Change	P	YACCELY HERNANDER	8420 W Flagler SA
Add		ţ.	<u>Suite 218</u>
Remove			MIAMI, FC 33144
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
The following of the standard
Initial Officer: Oscilda fernandez. to be changed to: Yaccely Hernande
to be changed to: Yaccely Hernande
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
NA

The date of each amendment(s) adoption:	NON R	, if other than the
date this document was signed.	1	
Effective date <u>if applicable</u> :	N/A.	
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does in document's effective date on the Department of	not meet the applicable statutory filing requireme f State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the arapproval.	mendment(s)
	ne shareholders through voting groups. The follow g group entitled to vote separately on the amendm	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	"	
(vo	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and	l shareholder
Dated Signature (By a director, pre selected, by an income)	sident or other officer – if directors or officers have corporator – if in the hands of a receiver, trustee, or y by that fiduciary)	ve not been
	(Typed or printed name of person signing)	<u>~</u>
	Paesi dent	
	(Title of person signing)	