## P15000014152

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: RIVERNAL MD INC DOCUMENT NUMBER: P15000014152							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
MARIA DE LOS ANGELES GONZALEZ							
Name of Contact Person  AMARO ACCOUNTING SERVICES PA							
Firm/ Company 3107 NE 4 STREET							
HOMESTEAD FLORIDA 33033							
City/ State and Zip Code							
magaccounting@att.net							
. E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Maria de los Angeles Gonzalez at (786 ) 556-3424							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301							

## Articles of Amendment to Articles of Incorporation of

## RIVERNAL MD INC

(Name of Corneration as surrent			
(Name of Corporation as current	ly filed with the Florida Dept. o	of State)	严慎
P15	5000014152		
(Document Numbo	er of Corporation (if known)		377
rsuant to the provisions of section 607.1006, Fk Articles of Incorporation:	orida Statutes, this Florida Profit	Corporation adopts the	ne following
If amending name, enter the new name of the	ne corporation:		io.
	VAL MD INC		(1)2 (1)2
ne must be distinguishable and contain the orp" "Inc.," or Co.," or the designation "Cod" chartered," "professional association," or	Corp," "Inc," or "Co". A profe		
Enter new principal office address, if applic incipal office address MUST BE A STREET			
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>			
f amending the registered agent and/or reg	istered office address in Florida	a, enter the name of tl	<u> </u>
new registered agent and/or the new registe			_
Name of New Registered Agent			
Name of New Registered Agent	(Florida street address)		
Name of New Registered Agent  New Registered Office Address:	(Florida street address) (City)	, Florida	ip Code)

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>c</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm		
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				<u> </u>
Remove				
2) Change				
Add				
Remove				
3) Change				
Add Add		_		
Remove				
4) Change	<del></del>	_		
Add				
Remove				
5) Change				
Add		_		
Remove				
Kemore				
6) Change		_		
Add				
Remove				

Attacl	ending or adding addition and additional sheets, if neces	ssary). (Be speci	ific)		
			<u>.                                      </u>		
	<del></del>	<u> </u>			<del> </del>
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		<u> </u>			
		<u> </u>			
fan	amendment provides for	an exchange, reci	assification, or es	ncellation of issued	shares
prov	isions for implementing t	he amendment if	not contained in	the amendment itse	lf:
1	if not applicable, indicate	N/A)			<del></del>
	· · · · · · · · · · · · · · · · · · ·				
			•-		

The date of each amendment(s) adoption: 09/12/30/5 date this document was signed.	, if other than the
Effective date if applicable: 0 > 10 5 10 5 10 15 (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	
hy	
(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 09/13/2015	
Signature  (By a 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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Lover tere Danul	
(Title or person signing)	