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C. GOLDEN AUG 3 1 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Marisol Gonzald	z, MSN, ARNP, Inc.
DOCUMENT NUMBER: P15000025844	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Marisol Gonzalez	
Marisol Gonzalez, MSN, A	Name of Contact Person RNP, Inc.
	Firm/ Company
6841 Miami Lakeway Soul	h h
Miami Lakes, FL 33014	Address
	City/ State and Zip Code
mari26rn@yahoo.com	
	used for future annual report notification)
For further information concerning this matter, ple	ase call:
Marisol Gonzalez	at (305) 804-4087
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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Marisol Gonzalez, MSN, ARNP, Inc.	
(Name of Corp	pration as currently filed with the Florida Dept. of State) HASSEE, FLORIDA
P15000025844	[
(D)	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, El its Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s):
A. If amending name, enter the new name of	ne corporation:
Miami Lakes Medical Providers, Inc.	The new
	word "corporation," "company," or "incorporated" or the abbreviation Corp.," "Inc.," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applie	(ADDRESS)
(Principal office address <u>MUST BE A STREET</u>	Miami Lakes, FL 33014
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	6841 Miami Lakeway South Miami Lakes, FL 33014
	sistered office address in Florida, enter the name of the
new registered agent and/or the new register Name of New Registered Agent	sred office address:
	(Florida street address)
New Registered Office Address:	Florida
	nt. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheets, Please note the officer/did P = President; V = Vice : Executive Officer; CFO held. President, Treasure	and/or 1: if neces: rector tits Presiden = Chief : r, Direct	Director being a sary) le by the first lett t: T= Treasurer. Financial Office or would be PTI	dded: ter of the office title: ;; S= Secretary; D= Direc er. If an officer/director h),	ach officer/director being removed and title, name, and tor; TR= Trustee; C = Chairman or Clerk; CEO = Chief olds more than one title, list the first letter of each office
	ves the c	corporation, Sall	ly Smith is named the V an	sted as the PST and Mike Jones is listed as the V. There is d S. These should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>y</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name -	<u>e</u>	<u>Addres</u> s
1) Change	P	Martin	sol Gonzalez	6841 Miami Lakeway South
Add				Miami Lakes, FL 33014
X Remove				
2) Change	P	 Man 	o Luis Nunez	6841 Miami Lakeway South
XAdd				Miami Lakes, FL 33014
Remove	vs	Mari	sol Gonzalez	6841 Miami Lakeway South
3) Change		_		Miami Lakes, FL 33014
Add Add				111111111111111111111111111111111111111
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				<u></u>
Remove				

6) ____ Change

____ Add

____ Remove

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Balspecific)
4 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	
-	
If an amondment massides for an each	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)	
hares will be distributed 50/50. Mario Lu	uis Nunez 50% and Marisol Gonzalez 50%
*	
	<u> </u>
	II

·		2/107	Pro de la deceda
The date of each amendment date this document was signed.			, if other than the
Effective date <u>if applicable</u> :		(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the		meet the applicable statutory filing requirements, this date will nate's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHE</u> (<u>CH</u> E	CK ONE)	
The amendment(s) was/wer by the shareholders was/we		archolders. The number of votes cast for the amendment(s) proval.	
		hareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):	
"The number of votes	 cast for the amendi	 ment(s) was/were sufficient for approval 	
by	(votin	g group)	
action was not required.		ard of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the inc	corporators without shareholder action and shareholder	
08/22/ Dated Signature	Girio 1	Drugg,	
se		or other officer - if directors or officers have not been orator - if in the hands of a receiver, trustee, or other court by that fiduciary)	
	Mario Luis N	 unez and Marisol Gonzalez 	
	(T	yped or printed name of person signing)	
	President and	Vice president	
		(Title of person signing)	