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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: POLICLINICA LE	TTLE HAVANA INC	
DOCUMENT NUMB	BER: P15000081025		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	FRANCESCO CABRERA		
•		Name of Contact Persor	
,	11950 SW	Firm/Company 134 AVCNU)
	Miami FL	Address	-
-n		City/ State and Zip Code Md	
For further information	concerning this matter, pleas	e call:	
FRANCESCO CABR	ERA	at (, 808 - 8638
Name c	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment 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.	ling Address indment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

POLICLINICA LITTLE HAVANA INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P15000081025	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida 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 "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	19
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	ss in Florida, enter the name of the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	25
Name of New Negatiered Agent	
(Florida stree	t address)
New Registered Office Address:	, Florida
μ	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position
Signature of New Rey	gistered 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: XChange	<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>	Address
1) Change	Р	FRANCESCO CABRERA	1271 NW 6 STREET
Add X Remove			MIAMI FL 33125
2) Change	P	MARIA CARMEN CUBILLAS	1271 NW 6 STREET
X Add			MIAMI, FL 33125
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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provisions for implementing the ame	<u>ndment if not con</u>	<u> </u>		
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	ndment if <u>not con</u>	1		
provisions for implementing the ame	<u>ndment if not con</u>	<u> </u>		
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provisions for implementing the ame	ndment if not con			

	JUNE 5, 2019	
The date of each amendment(s) a date this document was signed.		, if other than
AUI.	IE 5, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this to document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmen flicient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
JUNE 5, 2 Dated Signature	rector_president or other officer – if directors or officers have not bee	 *ti
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other cotted fiduciary by that fiduciary)	
	FRANCESCO CABRERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

the

the