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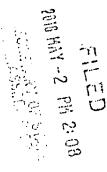
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: SUNTISC ILLAS + MEDICAL CENTER WIP 160000 12237 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sunsist Whos + Medical
Firm/Company

3970 W Flagles of Sys E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to

Articles of Incorporation

of

JUNIISC Whas + M	edical center corp
(Name of Corporation as currenti	y filed with the Florida Dept. of State)
	10037
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this 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)	3970 W Flagle 27 3
	MI'AMI 12 33134 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3970 w Flaguer 2
	MIAMI PL 33134
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent Valdes, L	Datach a
3970 W	Flagler at Suite 101
(Florida stre	et address)
New Registered Office Address: MIA	M 1 , Florida <u>33/34</u>
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I amsamiliar w	with and accept the obligations of the position
- Zille	
Signature of New Re	egistered 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>	Name	Address
1) Change	P	Valdes, Natacha	3971 SW 85- #710 A MIAMI PL 33134
Add			MiAMI IL 33134
Remove 2)Change	P	Valdes, Natacha	3970 w flagler M
Add			MIANI R 33134
3) Change			
Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

Attach add	ng or adding addition ditional sheets, if nec	essary). (Be speci	fic)			
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			1 21 (2021) 212			
						
		 				
an ame	ndment provides for is for implementing	an exchange, recla	assification, or car	ncellation of issued	<u>1 shares,</u> sif	
(if no	t applicable, indicate	? N/A)	iot contained in th	ie amendment res		
						-
						

The date of each amendment(s) adoption: _	01/27	1/2016	, if other than the
date this document was signed. Effective date if applicable:	OU 27 (no more than 90 day	201U s after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable f State's records.	statutory filing requirements,	this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The num approval.	ber of votes cast for the amen	dment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	endment(s) was/were suff	ficient for approval	
by(vc		. 21	
(vo	oting group)		
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors withou	out shareholder action and sha	reholder.
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without st	nareholder action and shareho	lder
Dated ON 2	7/2016	-	
Signature	17D:		
(By director, pre	sident or other officer – i	f directors or officers have no ds of a receiver, trustee, or oth	et been
(appointed fiduciar	y by that fiduciary)	is of a receiver, trustee, or on	ici court
	Vatacha	Valder	
	(Typed or printed name		
	preside	nt	
	(Title of per	son signing)	