## P16000023298

(R	equestor's Name)	1			
(A	ddress)				
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(Č	ity/State/Zip/Phon	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(D	ocument Number	)			
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					





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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: JM Medical center Inc   Medical center Face   Face   Face   The property   The property
DOCUMENT NUMBER: P1000023298 +1C
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maricela Chavez
Name of Contact Person
Las Esmeraldas Medical center FAL
Firm/ Company
10511 N Kendall Dr = c201
MiAMi PL 33176
City/ State and Zip Code
NA
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maricela Chavez at (786) 431 5459  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  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (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

Las Esmera	Idas Me	dical Cer		FAC
(Name of Corpora	00000 23	- 0.0	oi State)	
(Doc	ument Number of Corpo	oration (if known)	<del></del>	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:  A. If amending name, enter the new name of the		a Profit Corporation ado	pts the following	ng amendment(s) to
				The new
name must be distinguishable and contain the w. "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the B. Enter new principal office address, if applicable	rp," "Inc," or "Co" he abbreviation "P.A."	ompany," or "incorpord A professional corporati	nted" or the con name must	bbreviation
(Principal office address MUST BE A STREET AL			<i>y</i>	题 一
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	30X)			PM 2: 09
D. If amending the registered agent and/or regist new registered agent and/or the new registered		Florida, enter the name	of the	
Name of New Registered Agent			- <del></del>	_
				_
<del></del> -	(Florida street add	ress)		~
New Registered Office Address:		, ]	Florida	
	(City)		(Zip	Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		nd accept the obligations	of the position.	
Si,	gnature of New Register	red 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Artiles, Jose L	10511 N Kendall D
Add  Remove			+ C 201 MI'AMI' R 33NU
2)Change	V <u>P</u> _	Artiles, Aliosky	10511 N Kendall Dr + C 201
Remove			MIAMI FL 33176
3) Change Add	-		
Remove			
4) Change			
Add			
5) Change			
Add Remove			
6) Change			
Add			
Kemove			

	ecessary). (Be specij	fic)		
•				
			<del> </del>	
<u></u>	<del></del>			
	or an avehance reels	ecification or cancella	ition of issued shares	
f an amendment provides fo	g the amendment if r	not contained in the am	nendment itself:	
<u>provisions for implementin</u>				
f an amendment provides for provisions for implementin (if not applicable, indica	ate N/A)			
<u>provisions for implementin</u>	ate N/A)			
<u>provisions for implementin</u>	ate N/A)			
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<u>provisions for implementin</u>	ale N/A)	1,		
provisions for implementin	ale N/A)			
provisions for implementin	ale N/A)			
f an amendment provides for provisions for implementin (if not applicable, indica	ale N/A)			

The date of each amendment(s) adoption:date this document was signed.	10/1	7/10	, if other than the
Effective date <u>if applicable</u> :	10 To	]	ile date)
Note: If the date inserted in this block does not a document's effective date on the Department of Sta		statutory filing requ	irements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)		
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appropriate the shareholders was/were sufficient for approximately the shareholders was sufficient for approximately the s	reholders. The num	nber of votes cast for	the amendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro	areholders through	voting groups. The fase	ollowing statement endment(s):
"The number of votes cast for the amendm	ient(s) was/were suf	ficient for approval	
by(voting		"	
(voting	group)		
The amendment(s) was/were adopted by the boa action was not required.	rd of directors with	out shareholder action	n and shareholder
The amendment(s) was/were adopted by the incoaction was not required.	orporators without s	hareholder action and	i shareholder
Dated	14	-	
Signature	Somela	Ollara	/
(By a director, presider			
selected, by an incorpo appointed fiduciary by		ds of a receiver, trust	ee, or other court
<u> </u>	arice of printed name	Chav	122
(1y)	ped of primed name	of person signing)	
<del>-</del>	preside	M	
	<ul> <li>(Title of per</li> </ul>	rson signing)	