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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: LAS 45	Meraldas 1	<u>Medical</u> center In
DOCUMENT NUMBI	er: <u>P1000</u>	0023298	
The enclosed Articles o	f Amendment and fee are su	ibmitted for filing.	•
Please return all corresp	ondence concerning this ma	tter to the following:	,
_	Aliosi	Mame of Contact Person	1
_	las usme	raldas med	dical center Inc
	10511 K	Firm/Company . Undall	p + c 201
_	MI'AL	Address Ai City/ State and Zip Code	3170
		City/ State and Zip Code	2
		NA	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Allosy A.	TI LES Contact Person	at (<u>780</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)
Mailing Address		Street	Address

Amendment Section
Division of Corporations,
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

Las Esmeraldas medical center the	,	
(Name of Corporation as currently filed with the Florida Dept. of State)		
l 110000023298		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	; amendmen	ıt(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must c	The new	·
word "chartered," "professional association," or the abbreviation "P.A."	omain inc	
B. Enter new principal office address, if applicable:	*S#	2
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
	33	-
· · · · · · · · · · · · · · · · · · ·	\$200 miles	CE
C. Enter new mailing address, if applicable:	79	
(Mailing address MAY BE A POST OFFICE BOX)	왕닭	10
\cdot	56	1 (
		
		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		
Name of New Registered Agent Alrosky Artiles		
10511 N. Kendall Pr + C201		
(Florida street address)		
New Registered Office Address: MIAMI, Florida 3317U (City), Florida (Zip Code)		
(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		

Signature of New Registered 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 J</u>	ohn Doe	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	ρ	Chavez Haricel	10511 N Kendau P
Add	٠.	,	+ 6201
Remove			MIAH! R 33176
2) Change	VP	Arries, Allosky	10511 N. Kendall Dr
Add		ŕ	+ C 201
Remove	0	A 1-1-6 Av av .	MIANL' R 33174
3) Change	1	Arties Allosly	10511 N. Kendall Dr + C. 201
Add			+ C 201 MIAHI R 33176
Remove			PUARU 10 20170
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

Attach additional	dding additional Artic I sheets, if necessary).	(Be specific)			
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an amendment	t provides for an excha	nge, reclassifics	ition, or cancel	iation of issued s	hares.
<u>orovisions for in</u>	nplementing the amen	dment if not cor	itained in the a	mendment itself	<u> </u>
(if not applic	cable, indicate N/A)				
	<u> </u>				
					-
	·				
		<u>-</u>			
					

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/vere 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	
by	
(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	
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)	
Allosky Arrices (Typed or printed name of person signing)	·
(Typed or printed name of person signing)	
PIESIAENT (Title of person signing)	_
(Title of person signing)	