P160000 61593

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	<u>-</u>
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C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: MEDICAL CONS	ULTING QUALITY COR	PORATION
	BER: P16000061593		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	FRANK ELISSALT		
		Name of Contact Person	1
	MEDICAL CONSULTING	QUALITY CORPORATIO	N
		Firm/ Company	
	5040 NW 7 ST, STE 630		
		Address	
	MIAMI, FL 33126		
	<u> </u>	City/ State and Zip Code	2
or further information	E-mail address: (to be used to be	sed for future annual report	notification)
RANK ELISSALT		786at (615-2475
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MEDICAL CONSULTING QUALITY CORPORATION

	da Dept. of <u>State</u>)
Document Number of Corporation (if know	n)
Florida Statutes, this Florida Profit Corpor	ation adopts the following amendment(s) to
the corporation:	
	The new
e word "corporation," "company," or " "Corp," "Inc," or "Co". A professional or the abbreviation "P.A."	incorporated" or the abbreviation
E BOX)	
	2
	\$EC.
reistand office address in Clavida, autom	the name of the
	≱ <u>?</u>
RO A MARTINEZ	SSE PR
NW 7 ST, STE 630	<u>ာမှု</u> ယူ 🔘
(Florida street address)	
(I, FL	. Florida 33126
(City)	(Zip Code)
	the corporation: e word "corporation," "company," or 'Corp," "Inc," or "Co". A professional or the abbreviation "P.A." icable: FADDRESS EBOX Egistered office address in Florida, entertered office address: ARO A MARTINEZ NW 7 ST, STE 630

If amonding the Officers and for Directors are stated as the control of the contr

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 = Viçe 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.

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) X Change	P ——	FRANK ELISSALT	5040 NW 7 ST, STE 630
Add			MIAMI, FL 33126
Remove			
2) Change	P	LAZARO A MARTINEZ	5040 NW 7 ST, STE 630
X Add			MIAMI, FL 33126
Remove			
3) Change			
Add · .			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

I amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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	<u> </u>
•.•	
•	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not opplicable, indicate N/A)	ndment if not contained in the amendment itself:
(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

The date of each amendment(s) adoption: 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 this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will of State's records.	not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by	"	
((voting group)	
☐ The amendment(s) was/were adopted by a action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by t action was not required.	the incorporators without shareholder action and shareholder	
05/21/2019 Dated	2/1/2/1	
Signature		_
selected, by ant	resident or other officer if directors or officers have not been neorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
FRANK	ELISSALT	
	(Typed or printed name of person signing)	
MP		
	(Title of person signing)	

•: