P16000084981

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TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: UNIVERSE MED	ICAL CENTER INC		
DOCUMENT NUM	IBER: P16000084981		97.90	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	LILEAN TORRES			
		Name of Contact Person	1	
	UNIVERSE MEDICAL CE	NTER INC		
		Firm/ Company		
	7811 CORAL WAY SUITE	103		
	······································	Address		
	MIAMI, FL 33155			
		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
LILEAN TORRES		786 at (728-3338	3 78
Name of Contact Person		Area Co	de & Daytime Telephone Number	_ # CCT
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	72 OF
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□543.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	PM 4: 20
N1	niling Address	Ç44	A .4 4	

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

UNIVERSE MEDICAL CENTER INC.

UNIVERSE MEDICAL CENTER INC	
(Name of Corporation as currently filed with the Florida Dept. of S	State)
P16000084981	
(Document Number of Corporation (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following amendment(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 "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation word "chartered," "professional association," or the abbreviation "P.A."	The new 1" or the abbreviation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1
	·
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered office address in Florida, enter the name of	41.
new registered agent and/or the new registered office address:	<u>ine</u>
Name of New Registered Agent	
12680 SW 38 TER	8 %
(Florida street address)	
MALAMI	다 글로(휴 - 33155 325
New Registered Office Address: , Flor	rida <u></u>
rcan	(Zip Code) = SS
	13 12 F
New Registered Agent's Signature, if changing Registered Agent:	ري در
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the	ne position.
Janh	
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</u> <u>J</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	dike Jones	
X Add	<u>sv</u> <u>s</u>	ially Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
X Change	P	ARELYS MARTIN	12680 SW 38 TER
Add			MIAMI, FL 33175
Remove			
2) Change	Р	LILEAN TORRES	
Add			
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Channa			
6) Change			
Add			
Remove			

	dding additional Art. I sheets, if necessary).	(Be specific)			
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Can amandmas	t manadalus fuu				
nenvisions for i	t provides for an exch	tange, rectassificat	tion, or cancellation	of issued shares,	
	mplementing the ame	nament it not con	tained in the amend	<u>lment itself:</u>	
Cifrot and	same, maicate (N/A)				
(if not appl.					
(if not appl.			· · · · · · · · · · · · · · · · · · ·		<u></u>
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The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	u
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated <u>≮</u> Signature <u>↓</u>	10/22/26 18	
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court jointed fiduciary by that fiduciary)	
	LILEAN TORRES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	