P16000089268

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: West Medical Of	ice, Inc		五
DOCUMENT NUM	P16000089268			- A 12 34
The enclosed Article	s of Amendment and fee are s	ubmitted for filling		-
	espondence concerning this m			
	Tania Sanchez			
	West Medical Office, Inc.	Name of Contact Perso	n	
	1229 W 80 ST	Firm/ Company		
	Hialcah, FL 33014	Address	· · · · · · · · · · · · · · · · · · ·	
		City/ State and Zip Cod	c	
west	medicaloffice31(a)yahoo.com			
	E-mail address: (to be u	sed for future annual report	notification)	-
For further information	on concerning this matter, plea	se call:		
Tania Sanchez		at (237-5541	
Name	of Contact Person	Area Co	de & Naytime Telephone Nu	ımber
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	D\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	all will

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

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West Medical Office, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P16000089268 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: 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 abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 the new registered agent and/or the new registered office address: Dr. Rodolfo Gonzalez Name of New Registered Agent 5370 Paim Ave #8 Hialeah, FL 33012 (Florida street address) 5370 Palm Ave #8 Hialeah, New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the oblig itions of the position.

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 PT John Doe X Remove <u>v</u> Mike Jones X Add<u>\$7.</u> Sally Smith Type of Action Title <u>Address</u> Name (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change ____ Add __ Remove 3) ____ Change Add ___ Remove 4) ____ Change Add Remove 5) ____ Change ___ Add Remove

5) ____ Change

___ Add

Remove

(Attach <i>additio</i>	adding additional Art salesheets, if necessary),	(Be specific)	ge(\$) here:			
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in amendmen	provides for an excha	nge, reclassifica	ation, or cancella	ation of issued sh	ares.	
<u>ovisions for i</u>	nplementing the amen	<u>dment if not co</u> r	ntained in the ar	nendment itself;		
(if not applie	able, indicate N/A)					
			·	- .		
						
						
						
						
						
						

The date of each amondments.) adoption: 10/06/2017	, if other than the
igne type symmetric mae skrate.	· aucytteu:	
Effective date if applicable:		
	no move than shi days after amendment the dates	
Note: If the date inserted in the document's effective date on the	is block does not insert the applicable standary filing requirements, this date w Department of State's records	ill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendmentys) was were by the starrebolders was wer	adopted by the shareholders. The number of votes east for the amendment(s) is sufficient for approval.	
The amendments) was were must be separately provided	approved by the shareholders, through voting groups. The following statement for each noting group entitled to note separately on the amendment(s):	
	rast for the amendment(s) was were sufficient for approval	
39	atering grown.	
action was not required.	adopted by the board of directors without shareholder action and shareholder	
■ The sman impense) Was Wass	adopted by the incorporators without shareholder action and shareholder	
	10/06/2017	
Dated	75/06/2017 Fodolfo Cancale & Alimeter president or other officer - if directors or officers have not been	
Signature	a director, president or other officer - if directors or officers have not been	
(D)	a director, president or einer other = 11 directors; trustee, or other court octed, by an incorporator = if in the hands of a receiver, trustee, or other court ounted fiduciary by that fiduciary)	(
	Tania Sanchez	
	(Typed or printed mangor person signing)	
	Registered Agent	
,	(reinfor aerson signing)	
	/	