P170000 14-704

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2019 NOV 25 PH 2: 16

Amend

DEC 2.7 ZOIS I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: CAMPILLO MED	ICAL CORP	
DOCUMENT NUM	IBER: P17000014704		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	ERIC CAMPILLO-JUIG		
	<u> </u>	Name of Contact Person	n
	CAMPILLO MEDICAL CO	RP	
	 	Firm/ Company	
	6355 SW 8TH STREET STE	• •	
		Address	
	WEST MIAMI FL 33144		
		City/ State and Zip Cod	e
carr	pitlomedical583@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call: at (300 5551
Name	e of Contact Person	at (Area Co	de & Daytime Telephone Number
	For the following amount made a □\$43.75 Filing Fee &		·
- 3331 time rec	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.0	neiling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

CAMPILLO MEDICAL CORP

P17000014704					
	(Document Number of	Corporation (if knows	1)		<u>-</u>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corpord	ation adopts the following	g amendr	nent(s) to
A. If amending name, enter the new na	ime of the corporation:				
N/A				The no	ni.
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	To". A professional o			
B. Enter new principal office address,	if applicable:	N/A			
(Principal office address MUST BE A S				-	-
					-
					-
C. Enter new mailing address, if appli		N/A	I S	20	
(Mailing address <u>MAY BE A POST</u>)	<u> PFFICE BOX</u>)			- 5 HO	
			<u> </u>		
				25	
D. If amending the registered agent an			he name of the	P	Ш
new registered agent and/or the nev	v registered office address:		22 22	2	\mathbf{O}
Name of New Registered Agent	ERIC CAMPILLO-JUIG		<u></u> <u></u> <u></u>	ų 6	
	6355 SW 8TH STREET SU	лте зе	·		
	(Florida stre	et address)			
			33144		
New Registered Office Address:	WEST MIAMI		, Florida		

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)

Example:

Please note the officer/director title by the first letter of the office title:

D.7.

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.

X Change	<u>P1</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	MANUEL GOMEZ QUINTELA	6355 SW 8TH STREET STE 3E
Add			WEST MIAMI FL 33144
X Remove			
2) Change	P	ERIC CAMPILLO-JUIG	6355 SW 8TH STREET STE 3E
X Add			WEST MIAMI FL 33144
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
Kemere			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
· - • • • • • • • • • • • • • • • • • • 	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
· · · · · · · · · · · · · · · · · · ·	

N/A
The date of each amendment(s) adoption:, if other the date this document was signed.
11/18/2019
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were 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/// 5
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)
Eric Campillo-Juig
(Typed or printed name of person signing)
Clinical Director, new President

(Title of person signing)