P17000047996

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(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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2018 APC -2 ASTH: 4.6

C. GOLDEN

APR - 3 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HC FLORIDA CC	NNECTIONS INC			
DOCUMENT NUMB	P17000047996				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	ondence concerning this ma	tter to the following:			
	HUMBERTO CAL				
-		Name of Contact Perso	n		
	HC FLORIDA CONNECTIONS INC				
-	Firm/ Company				
14355 SW 9 ST					
-		Address			
	MIAMI FL 33184				
-		City/ State and Zip Cod	c		
SAND	Y.LOPEZ@VIDAMEDICA	LCENTERS.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
HUMBERTO CAL		786	499 3499		
Name o	f Contact Person	at (786) 499 3499 Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Fiting 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		
	ndment Section	Amend	Iment Section		
	ion of Corporations		on of Corporations		
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

F.120

2018 APR -2 AMII: 46

LOGISTIC CARE OF FLORIDA CORP

(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P17000047996	35
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	tion:
HC FLORIDA CONNECTIONS, INC.	The new
	poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing dutiess SIXI DE A POST OF FICE BOX)	
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the
new registered agent and/or the new registered office a	address:
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
You Davidson A America Cinada and State and Business of	4.4
New Registered Agent's Signature, if changing Registered Thereby accept the appointment as registered agent. I am fa	
-	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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
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4) Change			·
Add			<u> </u>
Remove			
5) Change	_		
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6) Change			
Add			
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If an amendment provides for an exchange provisions for implementing the amendr	ge, reclassifi ment if not c	<u>cation, or c</u> ontained in	cancellation the amend	<u>of issued s</u> Iment itself	shares,	
(if not applicable, indicate N/A)	meny m not c	<u> </u>	tile amend	ment resen	'-	
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	03/27/2018	4.5
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
	03/28/2018	
Effective date <u>if applicable</u> :	1 00 1 6 1 61 1	
	(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 Department of State's records.	date 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 cast for the amendme e sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
03/27/2 Dated Signature	2018	
(By sel	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other coninted fiduciary by that fiduciary)	
	HUMBERTO CAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	