P170000 48565

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(Documen	t Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ACCESS MEDICAL GROUP OF TAMPA, INC.					
DOCUMENT NUMBER: P17000048565	<u></u>				
	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
JESUS M. VIDUEIRA					
	Name of Contact Person				
ACCESS MEDICAL GR	ACCESS MEDICAL GROUP OF TAMPA, INC.				
	Firm/ Company				
6100 BLUE LAGOON DR, SUITE 365					
	Address				
MIAMI, FL 33126					
	City/ State and Zip Code				
JESUS.VIDUEIRA@COMMU	NITYGRP.COM /				
E-mail address: (to be	e used for future annual report notification)				
For further information concerning this matter, placed by JESUS M. VIDUEIRA					
	at (786 322-7333 EXT 1042 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:				
\$35 Filing Fee Status Status					
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

ACCESS MEDICAL GROUP OF TAMPA, INC.

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P17000048565	
(Document Nurr	mber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes ts Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	i <u>on:</u>
N/A	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
3. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS) — — — — — — — — — — — — — — — — — — —
	The second secon
	G
. Enter new mailing address, if applicable:	15- - (
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	€ 6.75
	60 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ad 	
N/A	
Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	orida street address)
·	
New Registered Office Address:	, Florida (City) (Zip Code)
	(cay)
ew Registered Agent's Signature, if changing Registered A	
hereby accept the appointment as registered agent. I am fam	niliar with and accept the obligations of the position.
Signature of i	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 Doc	
X Remove	<u>v</u> 2	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	JESUS M. VIDUEIRA	7700 FORSYTH BLVD.
X Add			SUITE 800
Remove			ST. LOUIS, MO 63105
2) Change	D	CHUCK CHERVITZ	7700 FORSYTH BLVD.
$\frac{X}{X}$ Add			SUITE 365
Remove			ST. LOUIS, MO 63105
3) Change	D	CHRIS COFFEY	7700 FORSYTH BLVD.
X Add		-	SUITE 800
Remove			ST. LOUIS, MO 63105
4) X Change	CEOD	LUIS H. IZQUIERDO	7700 FORSYTH BLVD.
Add			SUITE 800
Remove			ST. LOUIS, MO 63105
5) Change			_
Add			
Remove			
6) Change			
_			
Add			
Remove			

	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
N/A	
	
_	
. <u>If an am</u>	nendment provides for an exchange, reclassification, or cancellation of issued shares,
provisi (if i	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
N/A	

•	08/15/2019	
The date of each amendment(s)		, if other than the
date this document was signed.		
	8/15/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s 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 a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen 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
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	older
DatedSignature(By a selection	director, president or other officer – if directors or officers have not becauted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	JESUS M. VIDUEIRA	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	