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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ACCESS MEDIC.	AL GROUP OF T	`AMPA I. 	I, INC.	
DOCUMENT NUME	P17000048568				
The enclosed Articles	of Amendment and fee are su	bmitted for filing			
Please return all corres	pondence concerning this ma	tter to the following	ng:		
	JESUS M. VIDUEIRA				
		Name of Cont	act Person	n	
	ACCESS MEDICAL GROUP OF TAMPA II, INC.				
		Firm/ Cor	npany		
	6100 BLUE LAGOON DR.	SUITE 365			
		Addre	:SS	· · ·	
	MIAMI, FL 33126				
		City/ State and	Zip Cod	e	
JESU	S.VIDUEIRA@COMMUNI	ΓYGRP.COM			
	E-mail address: (to be us	sed for future anni	ual report	notification)	
For further information	concerning this matter, pleas	se call:			
JESUS M. VIDUEIRA		78 at (	86	322-7333 EXT 1042	
Name of Contact Person			Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Flo	rida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co- enclosed)	рy	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address  Amendment Section  Division of Corporations				Address	
		Amendment Section Division of Corporations			
	Box 6327	Clifton Building			
Tallahassee, Fl. 32314		2661 Executive Center Circle			

Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of

ACCESS MEDICAL GROUP OF TAMPA II, INC.

(Name of Corporation as curren	itly filed with the Florida Dept.	of State)
P17000048568		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat "Corp." "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporat	
B. Enter new principal office address, if applicable:	N/A	<b>20</b>
(Principal office address MUST BE A STREET ADDRESS)		
		- 100 A
		= 2
C. Enter new mailing address, if applicable:		7.0 PH
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		ن الله الله
	<del></del>	1 111
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the nam	e of the
new registered agent and/or the new registered office addre	<u>ss:</u>	
Name of New Registered Agent N/A		
(Florida :	street address)	<del></del>
1000 111		P1 - 3 4 -
New Registered Office Address:	(City)	Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations	of the position.
Signature of New	Registered Agent, if changing	<del>-</del>

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 Jo</u>	ohn <u>Doe</u>	
X Remove	<u>V</u> <u>N</u>	<u>like Jones</u>	
X Add	<u>SV</u> <u>S</u>	ally Smith	
<u>Fype of Action</u> (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.
X Add			SUITE 365
Remove			ST. LOUIS, MO 63105
Change	D	CHRIS COFFEY	7700 FORSYTH BLVD.
X Add			SUITE 800
Remove			ST. LOUIS, MO 63105
t) X Change	CEOD	LUIS H. IZQUIERDO	7700 FORSYTH BLVD.
Add		<del></del>	SUITE 800
Remove			ST. LOUIS, MO 63105
5) Change			
Add			
Remove			
δ) Change			<u> </u>
Add			
Remove			

(Attacl	ending or adding additional Articles, enter change(s) here:  \( additional \) shects, if necessary). (Be specific)
N/A	
<del></del>	
<u> </u>	
F. <u>If an :</u> prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself:
(	if not applicable, indicate N/A)
N/A	
	<u></u>

	08/15/2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	15/2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	15/3.019    July (July) C_   directors of officers have not been	
(0) 4	in a control of contro	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
арроп	nted fiduciary by that fiduciary)	
	JESUS M. VIDUEIRA	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	