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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL.
(Bu	ısiness Entity Naı	me)
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(DC	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

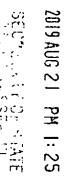


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ACCESS MEDICA	L GROUP OF TAMPA II	1, INC.		
DOCUMENT NUMBE	:R:				
The enclosed Articles of	Amendment and fee are sub	omitted for filing.			
Please return all corresp	ondence concerning this matt	ter to the following:			
J	ESUS M. VIDUEIRA				
_	Name of Contact Person				
٨	ACCESS MEDICAL GROUP OF TAMPA III, INC.				
_	Firm/ Company				
6	100 BLUE LAGOON DR, S	UITE 365			
_		Address			
N	11AMI, FL 33126				
_		City/ State and Zip Code	:		
JESUS	.VIDUEIRA@COMMUNIT	YGRP.COM	1/		
	E-mail address: (to be use	ed for future annual report	notification)		
	concerning this matter, please	c call:	322-7333 FYT 1042		
JESUS M. VIDUEIRA		a1 () 322-7333 EXT 1042 de & Daytime Telephone Number		
Name of	Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made p	ayable to the Florida Depa	rtment of State:		
■ \$35 Filing 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)		
Amen Divisi P.O. E	ng Address dment Section on of Corporations dox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of

۸	CCESS	MEDICAL	GROUP OF TAMPA III.	INC

orporation (if known)
orida Profit Corporation adopts the following amendment(s) t
The new
"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the A."
N/A
2010
T B E
2
N/A
- F 5
s in Florida, enter the name of the
address)
, Florida
(Zip Code)

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>Joh</u>	n_Doe	
X Remove	<u>V</u> <u>Mil</u>	se Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PD	JESUS M. VIDUEIRA	7700 FORSYTH BLVD.
X Add			SUITE 800
Remove			ST. LOUIS, MO 63105
2) Change	Ð	CHUCK CHERVITZ	7700 FORSYTH BLVD.
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	<u></u>		SUITE 800
Remove			ST. LOUIS. MO 63105
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

(Atta	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
N/A	
	<u> </u>
	
lf a	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
N/A	

	08/15/2019		
The date of each amendment(s) a	doption:		, if other than t
date this document was signed.	15/2010		
US/ Effective date <u>if applicable</u> :	15/2019		
	(no more than 90 day	s after amendment file date)	
Note: If the date inserted in this document's effective date on the D		statutory filing requirements, this date wi	ll not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were ad by the shareholders was/were s		ber of votes east for the amendment(s)	
	proved by the shareholders through vereach voting group entitled to vote s	voting groups. The following statement separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were suff	ficient for approval	
by	(voting group)	<u>.</u>	
	(voting group)		
The amendment(s) was/were ad action was not required.	opted by the board of directors witho	out shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without sl	hareholder action and shareholder	
Dated	115/2019	_	
Signature	115/2019 Denv(/duic		
(By a	hrector; president or other officer –	if directors or officers have not been	
	ed, by an∕incorporator – if in the hand ited fiduciary by that fiduciary)	ds of a receiver, trustee, or other court	
	JESUS M. VIDUEIRA		
	(Typed or printed name	of person signing)	-
	PRESIDENT/DIRECTOR		
	(Title of per	rson signing)	.