P170000 48591

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: ACCESS MEDICA	AL GROUP OF TAMPA II	II, INC.		
DOCUMENT NUM	BER: P11000048591				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	MARIA-HELENA MARTIN	NEZ			
		Name of Contact Person	n		
	ACCESS MEDICAL GROUP OF TAMPA III , INC.				
	Firm/ Company				
	6100 BLUE LAGOON DR. SUITE 365				
	Address				
	MIAMI, FL 33126				
		City/ State and Zip Cod	е		
	mariahelena.martinez@comm	nunitygrp.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information MARIA-HELENA M	n concerning this matter, pleas	702	322-7333 EXT 1032		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made				
\$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)		
Ame Divi P.O.	ding Address endment Section dision of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

ACCESS MEDICAL GROUP OF TAMPA III, INC.

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P11000048591	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>a:</u>
N/A	_
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ST. LOUIS, MO 63105
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10100 Blue Lagoon Dr. Suite 365
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add.	MIQMI, FL 33126 address in Florida, enter the name of the ress:
Name of New Registered Agent N/A	
- CU II	
	a street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am famili	ent: iar with and accept the obligations of the position.
Signature of Ne	w Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	፲] [1] (e), F.S. ယ

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	HOLLY BENSON	7700 FORSYTH BLVD
Add			STE. 800
X Remove			ST. LOUIS, MO 63105
2) Change	D	CHRIS COFFEY	1301 INTERNATIONAL PKWY
Add			SUNRISE, FL 33323
X Remove			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, ente (Attach additional sheets, if necessary). (Be spe	r change(s) here:	
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If an arrandoment provides for an archange and	landinakian sa samallakian afta	west above
If an amendment provides for an exchange, recognitions for implementing the amendment i	not contained in the amendment	itself:
(if not applicable, indicate N/A)		
1		
_		
		
		

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10/01/2020	
\	her than the
date this document was signed.	
10/01/2020	
Effective date if applicable:	-
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	isted as the
document's effective date on the Department of State's records.	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareho action was not required.	lder
☐ 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)	
09/25/2020	
Dated	
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)	
MICHAEL A. SAMA	
(Typed or printed name of person signing)	_
PRESIDENT/CEO/DIRECTOR	

(Title of person signing)