Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000392445 3)))



HOOGGGGGGGGARCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

٦	r_{\sim}	٠
		_

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 Phone : (305)463-6690 Fax Number : (305)463-6693

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN GOLDEN HEART THERAPY SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

A. RAMSEY NOV 18 LV

2022 NOV 17 AH 11:

Electronic Filing Menu

Corporate Filing Menu

Help

ţo

FILLED. 2022 NOV 17 AH H: 22

Articles of Amendment Articles of Incorporation of

GOLDEN HEART THERAPY SERVICE	ES INC	16.70%
(Name	of Corporation as currently fil	ed with the Florida Dept. of State)
P17000050555		
	(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Flor	ida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
	Corp," "Inc," or "Co". A pr	The new nany," or "incorporated" or the abbreviation "Corp.," of officers of the contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registered	OFFICE BOX) Id/or registered office address	in Florida, enter the name of the
Name of New Registered Agent	Dayami Spa, Dominguez	
	8165 W 9 Court	
	(Florida street a	ddress)
New Registered Office Address:	Hialeah	, Ftorida 33014
HEN ACEDITICS OFFICE HALLESS.	(Cin	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	tered agent. I am familiar with	and accept the obligations of the position. ered Agent, if changing
Check if applicable The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (e),	₹S.

To; Page: 4 of 6 2022-11-17 15:44:22 GMT 13054636693 From: Luciano Puentes

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)

Example:

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 Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
i)Change	VP	Ubaldy, Garcia Cruz	8165 W 9 Court
x Add			
Rcmove			Hialcah, FL 33014
2) Change			
Add			
Remove 3) Change		the location of the location is seen began specimen.	
Add			
Remove			
4) Change	··-		
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	and the second s
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic	cles, enter change(s) here:
Attach additional sheets, if necessary).	(Be specific)
 	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1
if an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

To:

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing tepartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast afficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. It each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro-	val
by	(voting group)	5
	(voting group)	
11/17/2022		
Dated		
Signature ((UNZ)	
(By a b	irectof president or other officer - if directors or of	ficers have not been
	d, by an incorporator - if in the hands of a receiver, ted fiduciary by that fiduciary)	trustee, or other court
	Dayami Spa, Dominguez	
	(Typed or printed name of person signing	(g)
	President	
	(Title of person signing)	