

Florida Department of State
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.

(((H19000276996 3)))



H190002769963ABCG

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

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

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
EXCELLENCE HEALTH CLINIC INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SEP 17 2019

S. YOUNG

FILED

19 SEP 16 AM 9:03

FILED
 TALLAHASSEE, FLORIDA

2019 SEP 16 PM 4:14

09/16/2019

Articles of Amendment
to
Articles of Incorporation
of

Excellence Health Clinic INC

Florida Document Number:

P180000002412

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

ADD VP: Randy J Hernandez

FILED
19 SEP 16 AM 9:03
TALLAHASSEE, FLORIDA

These articles of amendment were adopted on

9/16/19

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

Signature

IZMERT LABRADA (P)

Printed Name and Title

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of this position.

Signature of New Registered Agent, if changing