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Division of Corporations

Fax Number

: (950) £17-6380

From:

()

Account Name : PEDRO JUZQUINOS Account Number : 120170000042 Phone : (954)655-8413

fax Number : (954)432-8807

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

Enail Address: PLUZQUINDIF@ HOTMAIL.COM

COR AMNU/RESTATE/CORRECT OR O/D RESIGN EXCELLENT HEALTH MEDICAL CENTER INC

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: EXCELLENT HEALTH MEDICAL CENTER INC DOCUMENT NUMBER: P18000008065 The enclosed Articles of Amendment and tee are submitted for filing. Please return all correspondence concerning this matter to the following: VERDECLA, TAMARA Name of Contact Person Firm/ Company 1490 W 49TH PLACE SUITE 506 Address HIALEAH, FL 33012 City/ State and Zip Code PLUZQUINOSF@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PEDRO LUZQUINOS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

SECRETARY OF STATE

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Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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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			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	P	HERMELINDA OLIVIA ROMERO	1490 W 49TH PLACE STE 506		
Add Remove			HIALEAH, FL 33012		
2) Change	P	VERDECIA, TAMARA	1490 W 49TH PLACE STE 506		
X 			HIALEAH, FL 33012		
Remove 3) Change	· 				
Add Remove					
4) Change Add					
Reniove 5) Change					
Add					
Remove					
(f) Change Add					
Remove					

Page 2 of 4

	(Be specific)	
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Page 3 of 4

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The data of week and describe	09/03/2020	
The date of each amendment(s) addate this document was signed.	loption:	_, if other than the
-	3/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date will opartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
The amendment(s) was/were appropriately provided for a	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholder	
betton was not required.		
09/03/2020 Dated		
Signature	Keig.	
selected,	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
1	/ERDECIA, TAMARA	
_	(Typed or printed name of person signing)	
P	RESIDENT	
_	(Vitle of person signing)	,