

P18 000011820

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.**

((H24000287217 3))



H240002872173ABC0

**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: \_\_\_\_\_

2024 AUG 27 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MENTAL HEALTH CASE MANAGER, WSC & BROKER INSURANCE A**

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

Electronic Filing Menu

Corporate Filing Menu

Help

**Articles of Amendment  
to  
Articles of Incorporation  
of**

**MENTAL HEALTH CASE MANAGER, WSC & BROKER INSURANCE ADVISOR, INC**

Florida Document Number:  
P18000011820

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

I want to add Williams Rodriguez as Secretary.

Address: 325 NW 72<sup>nd</sup> Ave Apt.208 Miami, FL 33126

**FILED**  
2024 AUG 27 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

These articles of amendment were adopted on 8/26/2024 \_\_\_\_\_.

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

**OSMANY ELIO HOYOS PRESIDENT**

\_\_\_\_\_  
Printed Name and Title

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

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

\_\_\_\_\_  
Signature of New Registered Agent, if changing