## P18000023430

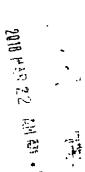
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TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: <u>fomily</u>	Medical Gn	oup of Tamps. Inc
DOCUMENT NUMB	er: <u>P180000 230</u>	130	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Juan	E Perez	
£	comily Median	Name of Contact Person  South of Firm/Company	Tomps, Inc.
_	233 West	Wafery Address	e
_	Tompo	Giry/State and Zin Code	
	,	City/ State and Zip Code	e
<u>h</u>	10 da ly 0 tam E-mail address: (to be us	babay, 11. Co	notification)
For further information	concerning this matter, pleas	se call:	
Juan 1	E. Piret	at (	_) <u>299 - (6372 -</u> de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amer Divis P.O. 1	ng Address idment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton	Address Innent Section on of Corporations Building ixecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation Midia Goup of Tamps, Inc. 8000023430 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: $\frac{\mathcal{W}/A}{\textit{name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "lnc.," or Co.," or the designation "Corp.," "lnc.," or "Co". A professional corporation name must contain the$ word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: 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

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.

X Change	<u>PT</u>	John Do	<u>ıe</u>			
X Remove	<u>V</u>	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	Title		Name			<u>Addres</u> s
1) Change		_		WIA.	_	
Add						
Remove						
2) Change					_	
Add						
Remove						
3 ) Change		_			_	
Add						
Remove						
4) Change						
, Add		_				
Remove						
5) Change		_			_	
Add						
Remove						
6) Change		_			_	
Add						
Remove						

If amending or adding additional Art Attach <i>additional sheets, if necessary</i> ).	(Be specific)
	1 A
<u> </u>	<i>N/</i> A ·
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If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/A ·
	<del></del>
·	
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The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this of State's records.	late will not be listed as the
Adoption of Amendment(s) (	CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	he shareholders. The number of votes east for the amendment or approval.	(s)
	the shareholders through voting groups. The following statening group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	he board of directors without shareholder action and sharehold	ler
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated 03/20 /	2017	
(By a director, p	resident or other officer - if directors or officers have not beer	<del></del> 1
	ncorporator - if in the hands of a receiver, trustee, or other co	art
appointed fiduc	iary by that fiduciary)	
	TUON E- Per (EZ)  (Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	

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