## P18000048891

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: Clinica Las Merc	cedes V, Inc				
DOCUMENT N	D18000048804					
The enclosed Arti	cles of Amendment and fee are s	ubmitted for filing.				
Please return all c	orrespondence concerning this ma	atter to the following:				
	Jorge Raad					
		Name of Contact Perso	n			
	Clinica Las Mercedes V, Inc					
	Firm/ Company					
	11735 SW 147th Ave Su	• •				
		Address				
	Miami, FL 33196					
		City/ State and Zip Cod	e			
<del></del>	T* ** 11 /- 1					
	E-man address; (to be u	ised for future annual report	notification)			
For further inform	nation concerning this matter, plea	se call:				
Amount Alborto		205	770 5047			
Amaury Alberto	, , , ,	at (	)			
Na	une of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fe	e □S43.75 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

## Articles of Amendment to Articles of Incorporation of

Clinica Las Mercedes V, Inc.

(Name of Corp.	oration as currently filed with the Florida Dept. of State)	
P18000048894		
(1)	Occument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Torida Statutes, this Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of t	the corporation:	
		The new
	v word "corporation," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation name mus or the abbreviation "P.A."	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
	<del></del>	
	gistered office address in Florida, enter the name of the	15 mm ( ) 1
new registered agent and/or the new regist	tered office address:	25 ST
Name of New Registered Agent		— 및 <sup>1</sup> 기유
	(Florida street address)	- > 35
Non-Business Office Address	. Florida	2 E
New Registered Office Address:		p Coder
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	g Registered Agent: wnt.—I am familiar with and accept the obligations of the position	7.
	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.

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>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	Dr. Yuri Sanchez	1175 SW 147th Ave Suite 16
X Add			Miami, FL 33196
Remove			
2) Change			
Add			
Remove			
3 ) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

If amending or adding additional Ar (Attach additional sheets, if necessary).	. (Be specific)				
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If an amendment provides for an exc	change, reclassific	cation or cance	llation of issued	shares	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not co	ontained in the	amendment itse	if:	
(ң нөг арұлсате, тасыс 1978)					
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				<del></del>	

July 1, 2018 The date of each amendment(s) adoption:	, if other than th
late this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7 5 2018  Signature 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Torse Real	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	