# P180888 645 ZY

(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FIRST VIE	W CLINIC CORP
DOCUMENT NUMBER: P1800006452	4
The enclosed Articles of Amendment and fee are sui	
Please return all correspondence concerning this mat	tter to the following:
<b>ν</b> ΔΙ	ME ALAYO LIMON
	Name of Contact Person
FIRST	VIEW CLINIC CORP
<del></del>	Firm/ Company
3350 W HILL	SBOROUGH AVE APT 1511
	Address
IAM	PA FLORIDA 33614
	City/ State and Zip Code
	ΓISERVICES@GMAIL.COM ✓
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	e call·
rot latered information concerning this matter, preas	c can.
YAIME ALAYO LIMON	<sub>at (</sub> 347 <sub>)</sub> 422-3085
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) 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

٠,

# FIRST VIEW CLINIC CORP

(Name of Corporation as c	urrently filed with the Flor	ida Dept. of State)			
	P1800006	64524			
(Document	Number of Corporation (if k	nowπ)			
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation a	dopts the following	amendr	nent(s) to
A. If amending name, enter the new nam	ne of the corporation:			The ne	ew
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp." "Inc," or "Co	". A professional corpor			
B. Enter new principal office address, if	applicable:	YAIME ALAY	NOMIJ C		
(Principal office address MUST BE A STI		3350 W HILLSBOROUG	ILLSBOROUGH AVE APT 1511		
		TAMPA FL	. 33614		
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of		N/A			
			7 - 1 	i ⊘o 30=	
			# C	BUA	Ti
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the na	me of the	3 AH 10:	LED
Name of New Registered Agent	YAIME ALAY	O LIMON	_	Ö	
	3350 W HILLSBORC	UGH AVE APT 1511	- 	<b>5</b> 3	
_	(Florida street	·	_		
New Registered Office Address:	TAMPA	, Florida	33614		
	(Cîty)		(Zip Code)		
New Registered Agent's Signature, if cha I hereby accept the appointment as register			ns of the position.		

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>N</u> a	<u>ime</u>	<u>Addres</u> s
l) X Change	Р		YAIME ALAYO LIMON	ONLY FIX THE LAST NAME
Add				INSTEAD OF AYALO IS ALAYO.
Remove				
2) Change				
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		-		
Remove				

	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
I/A		
	<del></del>	
		_
		_
<del>·</del>		
		_
nrovisio	ndment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself:	
(if n	ot applicable, indicate N/A)	
1/A		
		_
	<del></del>	
		_
·		

The date of each amendn	nent(s) adoption: 08/07/2018
Effective date <u>if applicab</u>	0010712010
Effective date <u>it applicad</u>	(no more than 90 days after amendment file date)
Adoption of Amendment	(s) ( <u>CHECK ONE</u> )
	/were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of v	otes cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required	/were adopted by the incorporators without shareholder action and shareholder
Dated	08/07/2018
Signatur	(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)
	YAIME ALAYO LIMON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)