

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ĉi	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Na	me)
(Dc	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200317553072

08/27/18--01033--012 ++35.00

R. WHITE

AUG 3 0 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

• :

NAME OF CORPORATION	ON: Jupiter West Me	edical Center II, Inc.	
DOCUMENT NUMBER:	P18000067806	···	
The enclosed Articles of An	nendment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this ma	tter to the following:	
Mich	ael Papa		
		Name of Contact Person	1
		Firm/ Company	
1124	San Michele Way		
		Address	
Palm	Beach Gardens, FL	33418	
		City/ State and Zip Cod	e
Linda@da	аесра.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information conc	eerning this matter, pleas	se call:	
Michael Papa		561 at (744-7373
Name of Cor	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the f	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)
Division o P.O. Box	nt Section of Corporations	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 AUG 27 AM 9: 39 Jupiter West Medical Center II, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) ETARY OF STATE P18000067806 (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: South Florida Regenerative Medicine Center, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," 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) _, Florida_ New Registered Office Address: (City) (Zip Code) 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change	-		·	<u> </u>
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				<u></u>
Add				
Remove				
6) Change		_	<u> </u>	
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change (Be specific)				
		<u> </u>	_	·	
	-				
	_		_	<u> </u>	
			<u></u>	<u> </u>	
<u> </u>					
		<u> </u>	-		
		···			
<u> </u>				<u></u>	
		· ·			
				. <u> </u>	
		 , , ,		<u>-</u> ,	
<u> </u>					
If an amendment provides for an exch	nange, reclassifica	tion, or cancellat	ion of issued sh	nares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	tained in the ame	ndment itself:		
(g not appricable, mateure 1971)					
· - · · · · · · · · · · · · · · · · · · ·					
	.	···-			
<u></u>					
		<u> </u>			

	8/23/2018	, if other than the
The date of each amendmen		, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	8/23/2018	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, thi he Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes east for the amendmere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following sta ed for each voting group entitled to vote separately on the amendment(s):	tement
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareh	older
	re adopted by the incorporators without shareholder action and shareholde	r
action was not required.		
Dated	8/24/18	
Dated	0.00	
Signature	1/10	
(I s	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other ppointed fiduciary by that fiduciary)	
	Michael Papa	
	(Typed or printed name of person signing)	
	Pres.	
	(Title of person signing)	