## P18000068501

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<i>⇒</i> #)
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(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	-
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SECRETARY OF STATE

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## COVER LETTER

TO: Amendment Section Division of Corpo			,
NAME OF CORPOR	ATION: 64F	Medical (	Dester Coop
DOCUMENT NUMB	er: <u>+1800068</u>	850 i	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
_	$\mathcal{D}_{\ell}$	DIMACA E	Borocto
	64F N	Name of Contact Person	nter los
•	8500 a	Firm! Company  -lagle/	St Suite 106 A
-		Address Uppar FC	33144
•		City/ State and Zip Cod	
	E-mail address: (to be us	ed for future annual report	agencil. (Woon northication)
For further information	concerning this matter, pleas	e call:	
Dairo	ra Borroto	at ( <u>786</u>	, <i>203 6531</i>
Name of Contact Person Area Code & Daytime Telephone Number			de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fce	□\$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.	ing Address Indment Section Ion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio Clifton	Address  Iment Section on of Corporations  Building Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

## **Articles of Incorporation**

GLF Hed	real anter Coch
	as currently filed with the Florida Dept. of State)
P1800006	8501
	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the observation "P.A."  8500 W184 Flaglob Street
(Principal office address MUST BE A STREET ADDR	8500 Wist Flagler Street Soite 106 A MIANIFL 33144
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	TSE T
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	fice address:
Name of New Registered Agent	N/A
	, is
<del></del>	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I d	tered Agent: un familiar with and accept the obligations of the position.
	ure 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	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	-	_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				·
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, ij	ditional Articles, enter c necessary). (Be specifi	ic)		
	N/A			
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	. Farran ayahariya mada	ssificution or sous	Mutian of issued charac	
an amendment provide provide provisions for implemen	ing the amendment if n	ot contained in the	amendment itself:	1
(if not applicable, ind	icate $N(A) = -\frac{1}{f}$			
	N/A	<u> </u>		
	/			
		<u>-</u>		
- 12 ·				
		<del></del>		

	08/13/2018	, if other than the
The date of each amendment(s) adoption: date this document was signed.		, it office than the
•	08/13/2018	
Effective date <u>if applicable</u> : (no	more than 90 days after amendme	ent file date)
Note: If the date inserted in this block does not modernment's effective date on the Department of State		requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK	<u>CONE</u> )	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	cholders. The number of votes cast	t for the amendment(s)
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting grounds.		
"The number of votes east for the amendment	ent(s) was/were sufficient for appro	val
by(voting g		
(voting g	згоир)	
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were adopted by the incoraction was not required.	rporators without shareholder actio	n and shareholder
Dated 08/13/2-0/	8	
Signature		
	or other officer – if directors or of	ficers have not been
selected, by an incorpora	rator - if in the hands of a receiver,	
appointed fiduciary by the		,
	Dairmara Con ed or printed name of person signing	roto
(Турс	ed or printed name of person signif	ig)
	President/	Owner
	(Title of person signing)	