P19000003466

(Re	questor's Name)	
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(Ci	ty/State/Zip/Phon	e #)
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2020 Jun -5 PH 12: 06

C. GOLDEN
JUN 22 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: VIDA MEDICAL	REHAB CORP			
DOCUMENT NUM	BER: P19000003466		<u> </u>		
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	LUIS F. JACOBO				
		Name of Contact Person	1		
	JACOBO & ASSOCIATES, INC.				
		Firm/ Company			
	6220 W 21ST CT	. ,			
		Address			
ŗ	HIALEAH, FL 33016				
·		City/ State and Zip Code	2		
	INFO@JACOBOTAX.COM				
	_	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of Staté:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

VIDA MEDICAL REHAB CORP

2020 J'''' -5 PH I2: 06

P19000003466 (Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	n "Corp. "
3. 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	
Turne of their registerious rights	
(Florida street address)	
New Registered Office Address: , Florida (City) (Zip C	odel.
(Chy) (Zip C	oae)
New Registered Agent's Signature, if changing Registered Agent:	
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	
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 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	p	MILANES VALLE, LOREDANA	7656 NW 183RD LANE
Add			HIALEAH, FL 33015
X Remove			
2) Change	Р	ROMERO, ALFREDO	8421 NW 8TH ST APT 103
X Add			MIAMI, FL 33126
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	s, if necessary). (i	be specific)			
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		<u> </u>		<u>-</u>	
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				· · · ·	
					
	<u>vides for an exchan</u>	ige, reclassification,	or cancellation of is	sued shares,	
ın amendment prov	4' 4	ment if not contain	ed in the amendment	t itself:	
n amendment prov	nenting the amend				
n amendment provovisions for implem (if not applicable,	indicate N/A)				
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	06/01/2020		, if other than the
The date of each amendment(s) ado date this document was signed.	ption:		, it other than the
Effective date <u>if applicable</u> :			
	(no more than 90	0 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.		cable statutory filing requirements, this c	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or b	board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff		e number of votes cast for the amendmen	ı(s)
The amendment(s) was/were appromust be separately provided for ex	ved by the shareholders through voting group entitled to	ough voting groups. The following states vote separately on the omendment(s):	ment
"The number of votes cast fo	r the amendment(s) was/we	re sufficient for approval	
MILANES VALLE LOP	REDANA	,	
·	(voting group)		
selected,		cer – if directors or officers have not been the hands of a receiver, trustee, or other co	
N	MILANES VALLE, LORED	DANA	
_	(Typed or printed	name of person signing)	
P		. 5 6	
_	(Title of person si	gning)	