## P190000 35275

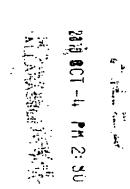
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## **COVER LETTER**

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		COVER LETTER		3. · · · ·
FO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION: HAMILTON HEA	LTH CTR INC		
DOCUMENT NUM	BER: P19000035275			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Farid Mustafa			
		Name of Contact Person	1	
	ISMG LLC			
	885 SE 47TH TER C	Firm/ Company		
		Address	-	
	CAPE CORAL / FL / 33904			
		City/ State and Zip Code	e	
FAR	ID@MYISMG.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, pleas	se call:		
FARID MUSTAFA		239 at (	2092358	
Name	of Contact Person		de & Daytime Telephone Number	<del>_</del>
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 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)	
Am Div P.C	niling Address nendment Section Pision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio Clifton	Address dment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

HAMII	TON	HEAT	TH CTR	INC
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	to Articles of In of	corporation	
HAMILTON HEALTH CTR INC			The state of the s
(Name o	of Corporation as current	tly filed with the Florida Dept. of State)	TO SECOND
P19000035275			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:  A. If amending name, enter the new name.		s Florida Profit Corporation adopts the follow	wing amendment(s) to
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the "Co". A professional corporation name mu"P.A."	
B. Enter new principal office address,	if applicable:	5248N RED CEDAR DR #102	
(Principal office address <u>MUST BE A S</u>		FORT MYERS, FL 33907	
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>		5248 RED CEDAR DR #102 FORT MYERS, FL 33907	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	5248 RED CEDAR DR		
		treet address)	<u> </u>
New Registered Office Address:	FORT MYERS	Florida 3390	7
		(City)	Zip Code)
New Registered Agent's Signature, if of the land of th		nt: with and accept the obligations of the position	n.
	Signature of New,	Registered Agent, if changing	<del></del>

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)	Title	<u>Name</u>	Address
1) Change	P	NORAYNE GUERRERO	4000 HOLLYWOOD BLVD
Add			#555 S
X Remove			HOLLYWOOD, FL 33021
2) Change	VP	FARID MUSTAFA	885 SE 47TH TER
X Add			С
Remove			CAPE CORAL, FL 33904
3 ) Change	Р	ATCF INVESTMENTS, LLC	1755 BOYSCOUT DRIVE
X Add			FORT MYERS, FL 33907
Remove			
4) Change	S	TIFFANY BOURNE	4009 SW 17TH AVE
X Add			CAPE CORAL, FL 33917
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			<del></del>
Remove			

vttach additional s	ling additional Art. heets, if necessary).	(Be specific)				
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fan amendment i	orovides for an excl	hanne reclassific	eation or cancell	ation of issued sh	19res	
provisions for im	plementing the amo	endment if not co	ontained in the ar	mendment itself:	itti esi	
(if not applica	ible, indicate N/A)					
				·		
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				<del></del>		
		<u>.                                    </u>	,		<u> </u>	

The date of each amendment(s) ad date this document was signed.	ption:, if other than
_	10/11/4
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were ado by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes east i	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	sted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	sted by the incorporators without shareholder action and shareholder
10/1/19 Dated	
rated	
Signature	Famil States
	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court
	d fiduciary by that fiduciary)
	FARID MUSTAFA
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)