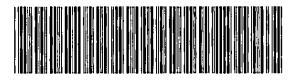
P19 000044653

(Requestor's Name)
(Address)
(Address)
(isotot)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400351592074

08/04/201-01015--018 *#35.00

: 1: 71: 2: 2

Amund

OCT P 2020 I ALBRITTON

COVER-LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ΛΤΙΟΝ: ²	05 MEDICAL CARE INC	
DOCUMENT NUMBE	ER:	P19000044653	
The enclosed Articles of	f Amendment and fee are:	submitted for filing.	
Please return all corresp	ondence concerning this n	natter to the following:	
		CHRISTIAN DÖMINGU	ΈΖ
		Name of Contact Perso	on
		305 MEDICAL CARE IN	Κ ('
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
		8900 SW 24 ST SUITE	208
 -		Address	
		MIAMI, FL 33165	
		City/ State and Zip Coc	le
	oncerning this matter, plea		
	ontact Person	at (305	de & Daytime Telephone Number
		Area Co payable to the Florida Depa	
\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building Secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	01 . ′
305 MEDICA	AL CARE INC
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P190000	H44653
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amenda
A. If amending name, enter the new name of the corporation:	
	The ne
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviatic "Co". A professional corporation name must contain d
B. Enter new principal office address, if applicable:	8900 SW 24 ST SUITE 208
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33165
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8900 SW 24 ST SUITE 208
	MIAMI, FL 33165
) If amonding the resistance are set to the set of	
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres 	<u>lress in Florida, enter the name of the</u> <u>s:</u>
Name of New Registered Agent	_
tFlorida st	reet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
	,
ew 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
Suprature of Voc. I	Designated Lyans Welmonian

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.

Evample: <u>X</u> Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
Kellove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary)	(Be specific)
	
· · · · · · · · · · · · · · · · · · ·	
	
f an amendment provides for an exchi- provisions for implementing the amer (if not applicable, indicate N.4)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(ң поғаррасине, таксағ қ м)	
-	
	

The date of each amendment(s date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:		
in apparation.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory tiling requirements, this date we Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	08/28/2020	/
Signature		
selec	i director, president or other officer – if directors or officers have not been ited, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	CHRISTIAN DOMINGUEZ	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	