PPM 050 403

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nลก	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EXCEL MEDICA	L AND RESEARCH CEN	TER, INC.		
DOCUMENT NUME	D 10000050102				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	ANDRE VALDES				
		Name of Contact Person	n		
	EXCEL MEDICAL AND RESEARCH CENTER, INC.				
	Firm/ Company				
	1500 NW 89 COURT, SUIT	E 202			
		Address			
	DORAL, FLORIDA 33172				
•		City/ State and Zip Cod	e		
avalde	es17@yahoo.com				
		sed for future annual report	notification)		
		•			
For further information	concerning this matter, pleas	se call:			
ANDRE VALDES		at (_786	346-6397		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)		
Ame Divis P.O.	ing Address indment Section tion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

EXCEL MEDICAL AND RESEARCH CENTER, INC.

(Name of Corporat	tion as currently filed with the F	lorida Dept. of State)	
P19000050403			
(Docu	ment Number of Corporation (if k	nown)	<u> </u>
Pursuant to the provisions of section 607,1006, Florid ts Articles of Incorporation:	la Statutes, this Florida Profit Co	erporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the c	corporation:		
			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p, " "Inc, " or "Co". A professio	or "incorporated" or the ornal corporation name must	abbreviation
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>			
		<u> </u>	
			<u> </u>
Enter new mailing address, if applicable:	as.		•
(Mailing address <u>MAY BE A POST OFFICE BC</u>	<u></u>		
). If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, er l office address:	nter the name of the	5
Name of New Registered Agent			
			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:		
hereby accept the appointment as registered agent.	I am familiar with and accept the	e obligations of the position	
Vien	vature of New Registered Agent is	f alamaina	_

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 Doc	
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	VT	ANDRE VALDES	1500 NW 89 COURT, SUITE 202
X Add			DORAL, FLORIDA 33172
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary),	(Be specific)		
			_
			_
			
			
-	_		<u> </u>
			_
			
F			
f an amendment provides for an exch provisions for implementing the amer	ange, reclassification, o	r cancellation of issued shares,	
(if not applicable, indicate N/A)	tankin a nor contained	in the amendment user.	
			
			 -

	OCTOBER 7, 2019	
The date of each amendment(s) date this document was signed.) adoption:	, if other than the
_ (OCTOBER 7, 2019	
Effective date <u>if applicable</u> :		_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	t(s)
The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
	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 sharehol	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	197/19	
Simplify	lee	
Signature	director, president or other officer – if directors or officers have not been	
selec	eted, by an incorporator – if in the hands of a receiver, trustee, or other co- pinted fiduciary by that fiduciary)	urt
	ANDRE VALDES	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	