

P190000 51309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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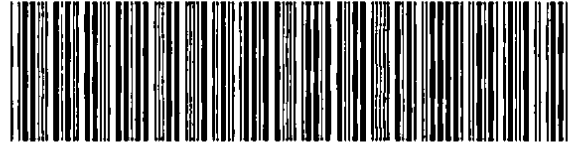
(Business Entity Name)

(Document Number)

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SEP - 7 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Everybody's Family Clinic Corporation

DOCUMENT NUMBER: F13000051309

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristianne Negreiros Bruin
Name of Contact Person

Real Services Consulting
Firm/ Company

3451 NW 14th Ave
Address

Pompano Beach, FL 33064
City/ State and Zip Code

atendimento@real-servicesconsulting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristianne Negreiros Bruin at 954, 371.3606
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ED

Everybody's Family Clinic Corporation
(Name of Corporation as currently filed with the Florida Dept. of S

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 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. Then 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 Chair Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u> <u> </u> Add <u>X</u> Remove	<u>P</u>	<u>Eduardo da F. Gonalves</u>	<u>10378 Lexington Estate Blvd. Boca Raton FL 33428 US</u>
2) <u>Change</u> <u> </u> Add <u>X</u> Remove	<u>P</u>	<u>David Michael Hulbert</u>	<u>22770 Wilderness Way Boca Raton, FL 33428, US</u>
3) <u>Change</u> <u> </u> Add <u>X</u> Remove	<u>P</u>	<u>Nissma Louzada</u>	<u>2419 NW 30th Rd Boca Raton, FL 33431, US</u>
4) <u>X</u> Change <u> </u> Add <u> </u> Remove	<u>D</u>	<u>Helen Sampaio T. Louzada</u>	<u>9829 Arbor Oaks Ln Apt 205 Boca Raton FL 33428 US</u>
5) <u>X</u> Change <u> </u> Add <u> </u> Remove	<u>D</u>	<u>Jane Sampaio Hulbert</u>	<u>4780 Sherwood Forest Delray Beach, FL 33445, US</u>
6) <u>Change</u> <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 8/20/2019, if other than date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 08/20/2019

Signature Eduardo Gonçalves
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Eduardo Gonçalves
(Typed or printed name of person signing)

President
(Title of person signing)