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(Re	equestor's Name)				
(Ac	ddress)				
(Ac	idress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
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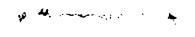
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1107 OF 2813

TSCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	пом:	UF HEALTH CO	
DOCUMENT NUMBER	P19000073109		
The enclosed Articles of .	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
		TERESA TABORDÁ	
		Name of Contact Person	n .
		ATPS ACCOUNTING O	00
	<u> </u>	Firm/ Company	· · · · · · · · · · · · · · · · · · ·
12	150 SW 128TH CT		
		Address	
MI	AMI, FL 33186		
_		City/ State and Zip Cod	c
	TERETA	BORDA@GMAIL.COM	
- 1981		sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call: at (⁷³⁶	494-1721
Name of Contact Person		at (Area Co) de & Daytime Telephone Number
		payable to the Florida Depa	,
S35 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)
Amenda Division P.O. Bo	Address ment Section n of Corporations x 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation

(11

UF HEALTH CO

(Italia or	Corporation as currently t	iled with the Florida Dept. of State)			
	P1900007310	,			
	(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this Florida	prida Profit Corporation adopts the fo	llowing a	ımendn	ient(s) t
A. If amending name, enter the new nam	e of the corporation:				
		· · · · · · · · · · · · · · · · · · ·		ลือ กอ	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional association	ion "Corp." "Inc." or "Co	". A professional corporation name	the abb must co	reviatio ntain th	n ie:
B. Enter new principal office address, if (Principal office address MUST BE A STI					
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF				19 }	
parties parties parties and parties are an approximate and parties				-	"FI
		.		C/I]
				.#** 	
D. If amending the registered agent and/ new registered agent and/or the new in the n		s in Florida, enter the name of the	2::	Ö	U
	ERESA TABORDA			3	
	2150 SW 128TH CT SUITE	217			
-	(Florida street	address)			•
New Kezistered Office Address: N	IIAMI	. Florida	186		

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 = Fresident; 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 Doc 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: \underline{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, S	WALDO V FERNANDEZ MESA	26153 PRINCES LN
Add			BONITA SPRINGS
X Remove		•	FLORIDA, 34135
2) Change	P. S	UBALDO V FERNANDEZ MESA	26153 PRINCES LN
X Add			BONITA SPRINGS
Кепюче			FLORIDA, 34135
3) Change			
Add			
Remove			
4) Change		· ·	S- A0
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
o)Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)		
			•
 			
	·		
			·
**************************************			·
		:	<u></u>
		1.7	VOV.
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	<u></u>	Q.
provisions for implementing the ame: (if not applicable, indicate N/4)	ndment if not contained in the amendment itself:	• • • • • • • • • • • • • • • • • • • •	75-
(y not appacaote, maicate 10A)			ö
(y nor appriettote, maietate 1111)			
(y not appricable, marcale 1973)		<u>- 44</u>	
(y nor apprecione, marcate 1933)		65 00 7	ග
(y not applicable, marcale 1973)		66 00 2	<u> </u>
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(y not applicative, marcale 1973)		<u> </u>	<u> </u>
(y not applicative, marcale 1973)		<u> </u>	<u> </u>
(y not applicative, marcale 1973)		<u> </u>	·

	SEPTEMBER 17, 2019	
The date of each amendment(s) ad	option:	, if other tha
date this document was signed.		
SEPT	TEMBER 17, 2019	
Ifective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tho more than 90 days after amenament fits date)	·
Note: If the date inserted in this becoment's effective date on the De	ock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed a
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes cast for the amer ficient for approval.	ndment(s)
	oved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholder	
ar a		
10/31/2019		
Dated		≨}i <u>→</u>
	(A) W	<u> </u>
Signature		
(By a di	ector, president or other officer - if directors or officers have no	ot been
	, by an incorporator - if in the hands of a receiver, trustee, or other	الله her court ,
appointe	d fiduciary by that fiduciary)	
	MDD Ed. M. V. C. V. C.	
	TERESA TABORDA	
-	(Typed or printed many of pagents stories)	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	35° 33
_	(Title of nerson signing)	