P20000005091

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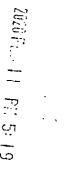
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BURGOS MEDIC	CAL CENTER INC		
DOCUMENT NUMI	BER: P20000005091	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles	of Amendment and fee are se	abmitted for filing.		
Please return all corres	spondence concerning this ma	atter to the following:		
	ALBERTO BURGOS			
		Name of Contact Perso	n	
	Firm/ Company			
	2360 W 68 STREET # 122			
	WIATEAU EL 22017	Address		
	HIALEAH FL 33016	C: 10		
		City/ State and Zip Cod	ů	
	OLGAT.UMR@GMAIL.CO)M		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
ALBERTO BURGOS		at (636-4281	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State;	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, F1, 32303	

Articles of Amendment to Articles of Incorporation of

BURGOS MEDICAL CENTER INC

(Name of Corporation as curren	the filed with the Florida Dept. of State) 2025 1 1 5: 15
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
BLUE LAKE MEDICAL CENTER INC	77
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	2360 W 68 STREET
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	STE 122
	HIALEAH FL 33016
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the
tFlorida st	treet address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.

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	PT	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			
Add			
Remove			
2) Change		-	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Ad d			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
_ Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	amending or adding additional Ar- ttach additional sheets, if necessary).	(Be specific)			
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	JANUARY 31 2020	
The date of each amendment(s) adopt date this document was signed.	tion:	, if other than the
Effective date if applicable:		
, , , , , , , , , , , , , , , , , , , 	ino more than 90 days afte	er amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	t does not meet the applicable statution of State's records.	atory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of di	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		of votes cast for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting h voting group entitled to vote separ.	ng groups. The following statement rately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficies	ent for approval
by		<i>;</i> *
	(voting group)	
selected, by appointed f	2020 Lange Lange for, president or other officer – if dire y an incorporator – if in the hands of fiduciary by that fiduciary) BERTO BURGOS	rectors or officers have not been fa receiver, trustee, or other court
	(Typed or printed name of pe	erson signing)
PRI	ESIDENT	

(Title of person signing)