Division of Corporations Electronic Filing Cover Sheet

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(((H22000265594 3)))



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Division of Corporations

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From:

Account Name : DAQA ACCOUNTING INC.

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN PUPA PEDIATRIC CARE INC

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Certified Copy	0
Page Count	05
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A. RAMSEY AUG - 9 2022

1022 AUG -8

To:

- H220002617943

Articles of Amendment to

2022 AUG -8 AH 11: 43

ATX1

Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)  P20000005364  (Document Number of Corporation (if known))  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  NIA  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new grincipal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable; (Malling address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered address:  Name of New Registered Agent;  N/A  (Florida sheet address)	
(Document Number of Corporation (if known))  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  N/A  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or "Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable:  (Malling address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or here registered office address:  Name of New Registered Agent:  N/A	
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new registered agent and/or the new registered office address;  Name of New Registered Agent: N/A	
new registered agent and/or the new registered office address;  Name of New Registered Agent: N/A	
(Florida street address)	
(i nonde direct deuressy	
New Registered Office Address: , Florida (City) , Florida (Zip Code	1
(City) {Zip Coco	9
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
, , , , , , , , , , , , , , , , , , ,	
Signature of New Registered Agent, if changing	
Check if applicable	

To:

4220002611943

## PUPA PEDIATRIC CARE INC.

ATX1

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)

Example:

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 Clark; 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, Mlke Jones leaves the corporation, Saliy 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.

## X Change PΤ John Doe X Remove V Mike Jones X Add Sally Smith Type of Action <u>Title</u> <u>Name</u> <u>Address</u> (Check One) 1) Change VP ALFONSO J OSORIO RODRIGUEZ 225 NE 23 ST \_\_\_\_ Add APT 1107 X Remove MIAMI, FL 33137 2) \_\_\_\_ Change VP ALINA HERNANDEZ PEREZ 225 NE 23 ST \_X\_ Add APT 1107 \_\_\_\_ Remove MIAMI FL 33137 3) \_\_\_\_ Change Add \_\_\_\_ Remove 4) \_\_\_\_ Change Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add Remove

To:

H220002655943

PUPA PEDIATRIC CARE INC  E. If amending or adding additional Articles, enter change(s) here:	ATX1
(Attach additional sheets, if necessary). (Be specific)	
N/A	
	<u> </u>
	<del></del>
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	

From: DAQA Accounting

HZZ 0002655943

PUPA PEDIATRIC CARE	INC		ATX1
The date of each amendment(s) a date this document was signed.	doption:	8/5/2022	, if other than the
Effective date if applicable:		6/7/2022	
<del></del>	(no n	nore than 90 days after amendment file date	9)
Note: If the date inserted in this blo document's effective date on the Do		plicable statutory filing requirements, this di ords.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adaction was not required.	dopted by the incorporate	ors, or board of directors without shareholds	er action and shareholder
X The amendment(s) was/were as by the shareholders was/were s		ers. The number of votes cast for the amen-	dment(s)
-	•	ders through voting groups. The following si ad to vote separately on the amendment(s)	
"The number of votes cas	t for the amendment(s) w	vas/were sufficient for approval	
by		<b>,</b>	
-	(voting group,	)	
Dated	8/5/2022		
0:	har to		
Signature	a director, president or	other officer - if directors or officers have no	nt boon
	•	or - if in the hands of a receiver, trustee, or	
	pointed fiduciary by that		
	LUIS A ARRASCO		
		or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT		
		person signing)	