

P20 000000 7535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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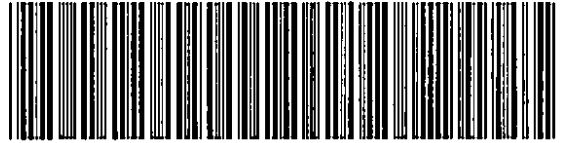
(Business Entity Name)

(Document Number)

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J. FASON

JUN 23 2021

2021 JUN 10 PM 8:30

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: I MED CARE US, INC

DOCUMENT NUMBER: P20000007535

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

Please return all correspondence concerning this matter to the following:

LIOSKA MEDINA

Name of Contact Person

I MED CARE US, INC

Firm/ Company

20801 BISCAYNE BLVD, STE 340

Address

AVENTURA, FL 33180

City/ State and Zip Code

LMEDINA@DLS-INS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LIOSKA MEDINA

Name of Contact Person

at (786) 262-9906

Area Code & Daytime Telephone Number

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

☒ \$35 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

I MED CARE US, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000007535

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new 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**)

N/A

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

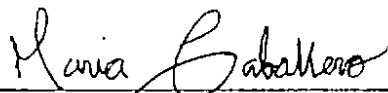
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent MARIA CABALLERO
20801 BISCAYNE BLVD STE 340
(Florida street address)

New Registered Office Address: AVENTURA, Florida 33180
(City) (Zip Code)

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

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

2021 MAY 10 AM 8:30

(Attach additional sheets, if necessary)

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.

X Change	PT	John Doe
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<u>X</u> Remove	<u>V</u>	Mike Jones
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<u>X</u>	Add	<u>SV</u>	Sally Smith
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<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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1) <input type="checkbox"/> Change	VP	JUAN MANUEL PINERA	20801 BISCAYNE BLVD
<input type="checkbox"/> Add			STE 340
<input checked="" type="checkbox"/> Remove			AVENTURA, FL 33180

2) Change _____

Add _____

3) ☐ Remove
☐ Change
☐ Add
☐ Remove

4) _____ Change _____
 _____ Add _____
 _____ Remove _____

5) ☐ Change ☐ ☐ ☐ ☐

☐ Add ☐ ☐ ☐ ☐

☐ Remove ☐ ☐ ☐ ☐

6) _____ Change _____
 _____ Add _____
 _____ Remove _____

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: _____, if other than the 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 the document's effective date on the Department of State's records.

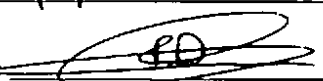
Adoption of Amendment(s) (CHECK ONE)

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

Dated 5/3/21

Signature 

(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)

ROBERTO DOLAS CASAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2021 MAY 10 AM 8:30