

P20 000027085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

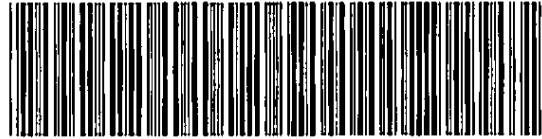
(Document Number)

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Special Instructions to Filing Officer:

Amend 7/26

Office Use Only



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05/28/21--01031--006 **35.00

07/28/2021
JH

FILED
2021 JUL 26 AM 6:22
SECRETARY OF STATE
CLERK OF COURT



RECEIVED

2021 JUL 26 PM 4:35

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2021

DR LUIS JOSE BOADA SR.
3956 TOWN CENTER BLVD UNIT #577
ORLANDO, FL 32837 US

SUBJECT: GLOBAL MEDICAL GROUP INTERNATIONAL CORP
Ref. Number: P20000027085

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE FOURTH PAGE OF THE DOCUMENT IS MISSING. PLEASE COMPLETE THE ATTACHED COPY.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 621A00015751

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GLOBAL MEDICAL GROUP INTER. CORP
DOCUMENT NUMBER: P.20000027085

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

Please return all correspondence concerning this matter to the following:

DR. LUIS JOSE BOADA
Name of Contact Person
QUICK GROUP CORP
Firm/ Company
3213 EMILIO PL.
Address
MISSISSAUGA ONT L4W 3Y7
City/ State and Zip Code
QUICKGROUP1002@SMIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. LUIS J. BOADA at (786) 285-4115
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 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2021 JUL 26 AM 6:22

GLOBAL MEDICAL GROUP INTERNATIONAL, INC.

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

P20000027085

(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:

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)

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

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(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.

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change P MANUEL LAMADRID 6584 SWISSCO DR STE 735
☒ Add ORLANDO FL 32822
☐ Remove _____
- 2) ☐ Change ✓ CLAUDIO P. HERNANDEZ 6584 SWISSCO DR. STE 735
☒ Add ORLANDO FL 32822
☐ Remove _____
- 3) ☐ Change P LUIS JOSE BUADA JR 3215 EMILIO PL
☐ Add KISSIMMEE FL 34858
☒ Remove 34758
- 4) ☐ Change _____ _____ _____
☐ Add _____
☐ Remove _____
- 5) ☐ Change _____ _____ _____
☐ Add _____
☐ Remove _____
- 6) ☐ Change _____ _____ _____
☐ Add _____
☐ Remove _____

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

(if not applicable, indicate 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 7/20/21
Signature [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)

LUIS JOSE BOADA JR
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)