P200000 51901

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AMG MEDICAL	CARE CORP.	
DOCUMENT NUMB	P20000051007		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
ì	Mavila G Rodriguez		
_	<u></u>	Name of Contact Person	1
,	America Services and Tradir	ig Corp	
_		Firm/ Company	
;	3101 NW 2 ST		
_		Address	
!	MIAMI , FL 33125		
_		City/ State and Zip Cod	e
MAVI	RODRIGUEZ@ASAT-COR	P.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information Mavila G Rodriguez	concerning this matter, pleas		833-8644
	*Contact Person	at (305)
name of	Contact Person	Area Co	de & Dayttine Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Amer Divis P.O. I	ng Address idment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation

of

A	MG	MET	ICA1	LCARI	ECORP.

(Name o	of Corporation as currently	filed with the Florida Dept. of State)
P20000051907			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>FI</i>	orida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp." "Inc." or "Co	o". A professional corporation name	
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		74
			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
(Muning address MAT BE A POST)	OFFICE BOX)		
			<u> </u>
D. If amending the registered agent an	d/or registered office addres	s in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	NELSON M. RAMIREZ	<u> </u>	
	2260 SW 8 ST SUITE 300		
	(Florida stree	address)	
New Registered Office Address:	MIAMI		3135
	(C	ity)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	ered agent. I am familiar wii	h and accept the obligations of the po	sition.
\bigcap 0	000		
- \ \ \	Signature of New Reg	istered Agent, if changing	

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	<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>	Address
1) Change	Р	MAIDA GUZMAN MARTINEZ	2260 SW 8 ST SUITE 300
Add	-		MIAMI, FL 33135
X Remove			
2) Change	P	NELSON M RAMIREZ	2260 SW 8 ST SUITE 300
X Add			MIAMI, FL 33135
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Mr. Nelson M Ramirez will the president for this corporation.	
· · · · · · · · · · · · · · · · · · ·	
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)	
Mr. Nelson M Ramirez will be 100 % shareholder.	
· · · · · · · · · · · · · · · · · · ·	

	AUGUST 10 .2020	
The date of each amendment(s) adoption date this document was signed.	otion:	, if other than the
	ST 11.2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depart	ek does not meet the applicable statutory filing requirements, this date writment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	yed by the shareholders through voting groups. The following statement ch 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	(yoting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
AUGUST 10,	2026)	
Dated	10c/	
Signature		
	tor, president or other officer – if directors or officers have not been	
	y an incorporator – if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
	Nelson M Raminez	
	(Typed or printed name of person signing)	
PF	RESIDENT	
	(Title of person signing)	