P20000006170

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PADILLA COMM	UNITY HEALTH SERVIC	CES INC				
DOCUMENT NUM	P20000066170	-					
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	RICARDO PADILLA						
		Name of Contact Persor	1				
	PADILLA COMMUNITY HEALTH SERVICES INC						
	Firm/ Company						
	14474 COMMERCE WAY						
		Address					
	MIAMI LAKES, FL 33016						
1.7		City/ State and Zip Code	2				
•	camilorpadilla@gmail.com						
		sed for future annual report	notification)				
For further information	on concerning this matter, pleas	se call:					
RICARDO PADILL	A	786 at (3574185				
Name of Contact Person		Area Co	de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Am Div P.C	iling Address pendment Section rision of Corporations D. Box 6327 Idhassec, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303				

Articles of Amendment to Articles of Incorporation of

PADILLA COMMUNITY HEALTH SERVICES INC

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

. (<u>Name</u>	of Corporation as c	urrently filed with the	Florida Dept. of State)	
P20000066170				
-	(Document Nu	imber of Corporation (if	known)	·
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statut	es, this <i>Florida Profit Co</i>	orporation adopts the following	ig amendment(s) to
A. If amending name, enter the new n	ame of the corporat	tion:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "C	Co". A professional co	corporated" or the abbreviation proporation name must contain	_The new on "Corp" in the word
B. Enter new principal office address,	if applicable:			
(Principal office address <u>MUST BE A S</u>)		20
			•	2
			·	.
C. Enter new mailing address, if appl				1,2
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
				<u></u>
				99
			· · · · · · ·	
D. If amending the registered agent ar new registered agent and/or the ner			enter the name of the	
	RICARDO PADIL			
Name of New Registered Agent	2446 SW 16TH ST		·	_
		orida street address)		_
New Registered Office Address:	MIAMI		, Florida 33145	
<u>New Registerea Office Adaress</u> :		(City)		Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			he ablications of the position	
Thereby neceptine appointment as region			The configurations of the position.	
	State			
	Jan			_
7	Signature of	New Registered Agent,	if changing	
Check if applicable				

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	V	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P		CAMILO R PADILLA	2446 SW 16TH ST
Add				MIAMI, FL. 33145
x Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		 -		
Add				
Remove				
6) Change		_		
Add				
Remove				

	eets, if necessary).	ticles, enter chan . (Be specific)	· · · · · · · · · · · · · · · · · · ·		
'A					
		·			·
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If an amendment p	rovides for an ex	<u>change, reclassifi</u>	cation, or cancella	tion of issued shar	res,
	nementing the an	<u>ienament ji not c</u>	ontained in the an	ienument itsett;	
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed. 08	/31/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amer sufficient for approval.	dment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment(statement (s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
09/01/20 Dated Signature	1- Portille	
selec	director president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
4	RICARDO PADILLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	