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COVER LETTER

Division of Corporations
NAME OF CORPORATION: <u>Victoria M. Medical Center</u> C DOCUMENT NUMBER: <u>P2100000 4805</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mildrey DVa
Victoria H. Medical Center Corp
720 SW 63rd Ave #202
Miami, FL 33144 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mildrey Ova at 305, 299 8138 Name of Coylact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

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

Victoria M. Hedical	Center Corb.
(Name of Corporation as currently	(D /) —
(Document Number of	Corneration (if known)
(1) Camen Pathoer of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "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)	
(Mauing address MAT BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	ss in twitter, enert the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
.,	, , , , , , , , , , , , , , , ,
Signature of New Reg	gistered 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: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	V	Mike Jo	<u>ones</u>		
X Add	<u>SV</u>	<u>Sally Si</u>	mith		
Type of Action	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
(Check One) 1) Change	P	T	Victoria	Almeic	da
Add		_		•	14996 SW 59 St Miani, FL 33193
2) Change		_			
Add					·······
Remove Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary,	rticles, enter chang). (Be specific)			
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		 		_
f an amendment provides for an ex	change, reclassifica	ation, or cancellatio	on of issued shares.	
provisions for implementing the an (if not applicable, indicate N/A)	nendment if not cor	ntained in the ame	ndment itself:	
(у пот аррисате, такше 147А)				
				
		<u> </u>	.	 .

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The date of each amendment(s) at date this document was signed.	loption:	, if other than the
Effective date if applicable:	January 29,	2021
инестов в паружение.	(no more than 90 daffs after amendn	ent file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors w	thout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes can officient for approval.	st for the amendment(s)
The amendment(s) was/were approvided for	proved by the shareholders through voting groups. each voting group entitled to vote separately on t	The following statement he amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for app	roval
by	(voting group)	
	(voting group)	
selecte	irector, and achieve officer – if directors or of the directors of the dir	r, trustee, or other court
	(Typed or printed name of person sign President (Title of person signing)	ing)