P2100006047

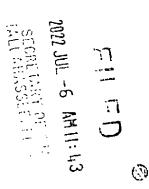
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
J. HORNE		
UCT 1 0 2022		

Office Use Only



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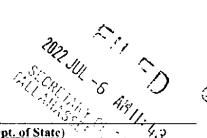
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: CANITAS MEDIC	AL CENTERS INC	
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GILBERTO ROILANDY AF	RTIGAS	
		Name of Contact Person	1
	CANITAS MEDICAL CENT	TERS INC	
		Firm/ Company	
	85 GRAND CANAL DRIVE	SUITE 405	
		Address	
	MIAMI, FLORIDA 33144		
		City/ State and Zip Cod	e
	ARTIGASG89@GMAIL.CC	DM .	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Gilberto R Artigas		786 at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	iling Address tendment Section rision of Corporations b. Box 6327 lahassec, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of



CANITAS MEDICAL CENTERS INC			This Asy.
(Name (of Corporation as current	tly filed with the Florida D	
P21000006047			• • •
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp, " "Inc, " or "Co".	A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		GILBERTO R ARTIGA	NS
		85 GRAND CANAL D	RIVE SUITE 405
			144
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		85 GRAND CANAL D	RIVE SUITE 405
		MIAMI, FLORIDA 331	44
D. If amending the registered agent ar			name of the
new registered agent and/or the new	w registered office addres	<u>s:</u>	
Name of New Registered Agent	GILBERTO R ARTIGAS	S	*
	85 GRAND CANAL DR	IVE SUITE 405	
	(Florida si	treet address)	
New Registered Office Address:	MIAMI		, Florida
		(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.



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)

Add

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 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>	<u>Address</u>
1) Change	P	OSIEL FIGUEREDO SR	1738 WEST 49 STREET
Add			SUITE 15
XX Remove			HIALEAH, FLORIDA 33012
2) Change	VP	TANIA BATISTA	1738 WEST 49 STREET SUITE I
Add			HIALEAH, FLORIDA 33012
XX Remove			85 GRAND CANAL DR
3) Change	P 	GILBEFRTO R ARTIGAS	SUITE 405
XXX Add			MIAMI, FLORIDA 33144
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

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 a	late)
	nis block does not meet the applicable statutory filing requirer e Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the re sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amend	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
06/30/2 Dated		
Signature	Major.	
sel	a director, president or other officer – if directors or officers have ected, by an incorporator – if in the hands of a receiver, trustee, sointed (iduciary by that fiduciary)	
	GILBERTO R ARTIGAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	