Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000054115 3)))



H210000541153ABCT

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206

Phone : (305)463-6690

Fax Number

: (305)463-6693

\*\*Enter the email address for this business entity to be used for future -n annual report mailings. Enter only one email address please. \*\*

Email	Address:				
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN GCH COMMUNITY INC.

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To: 18506176380 Page: 4 of 9 2021-02-12 16:40:59 GMT 13054636693 From: Luciano Puentes

850-617-6381

2/12/2021 9:27:54 AM PAGE 1/001

Fax Server



February 12, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GCE COMMUNITY INC. 10651 SW 88 ST MIAMI, FL 33176

SUBJECT: GCH COMMUNITY INC.

REF: P21000009939

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

There's a period after (Inc) in the corporate name.

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.

Irene Albritton FAX Aud. #: H21000054115
Regulatory Specialist II Letter Number: 821A00003159

Page: 6 of 9

Articles of Amendment

•	10
	Articles of Incorporation
	of
·6C	
(Name of C	orporation as currently filed with the Florida Dept. of State)
	P2100000 9939
	(Document Number of Corporation (if known)
rursuant to the provisions of section 607, 1000 its Articles of Incorporation:	6, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
is in the composition.	
A. If amending name, enter the new name	of the corporation:
GC	H Community Services The The new
name must be distinguishable and contain the	word "curporation," "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 t	the abbreviation "P.A."
B. Enter new principal office address, if ap	oplicable:
Principal office address MUST BE A STRE	ET ADDRESS )
· · · .	
•	
C. Enter new mailing address, if applicable	
(Mailing address MAY BE A POST OFF	ICE BOX)
	· · · · · · · · · · · · · · · · · · ·
•	
. If amending the registered agent and/or	registered office address in Florida, enter the name of the
new registered agent and/or the new reg	istered office address:
Name of New Registered Agent	
THE STATE OF THE PARTY OF THE P	
	(Florida street address)
You Donistand Office Address	M
New Registered Office Address:	. Florida
	(City) (Zip Code)
المالية المالية المالية المالية المالية	
New Registered Agent's Signature, if chang	ing Registered Agent:
nereny accept the appointment as registered	agent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	A traction of the control of the con

Check if applicable

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

To: 18506176380

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.						
Exan <u>X</u> C	npie: hange	٠,	<u>PT</u>	John Doe		
<u>X</u> R	emove		<u>v</u> .	Mike Jones		
<u>X</u> A	ıdd	٠.	<u>\$V</u>	Sally Smith		
	of Action k One)		<u>Title</u> .	Name Addre	<u>28</u> 8	
· 1) <u> </u>	Change	••				
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5)	Change	•. •	<del>.</del>			
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6)	_ Change		<del></del>			
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	Remove					

Attach <i>additional sheets,</i> i	lditional Articles, enter change(s) here: f necessary). (Be specific)	
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an amendment provide	s for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implemen	ing the amendment if not contained in the amendment itself:	
(if not applicable, ind	cate N/A)	•
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The date of each amendment(s) date this document was signed.	adoption:	02/	15/80	if other than the
Effective dute if applicable:				
	(no m	ore 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 Department of State's	the applicable st records.	atutory filing requir	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK C	ONE)		
The amendment(s) was/were a action was not required.	dopted by the incorpo	orators, or board o	f directors without s	hareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were			er of votes cast for the	ne amendment(s)
The amendment(s) was/were a must be separately provided for	or each voting group (	entitled-to vote sej	parately on the amer	llowing statement idment(s):
"The number of votes can	st for the amendment(	(s) was/were suffic	rient for approval	
by	(voting grou	up)	.**	
DatedSignature(By a	02 08 2		firectors or officers	nave not been
select	ed, by an incorporator nted fiduciary by that	r - if in the hands	of a receiver, trusted	e, or other court
	(Typed o	or printed name of	Chang person signing)	Garez
	?	esident person signing)		