P2/000020272

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ LATIN URGENT CARE INC. DOCUMENT NUMBER: P21000020272 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chevenne Moseley Name of Contact Person LegalZoom.com, Inc. Firm/ Company 101 N. Brand Blyd., 11th Floor Address Glendale, CA 91203 City/ State and Zip Code lgarciarangel@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (800 Area Code & Daytime Telephone Number Cheyenne Moseley Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & **■\$43.75** Filing Fee & □\$52,50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

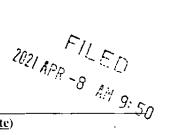
Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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



LATIN URGENT CARE INC.

Check if applicable

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

| (Name of Corporat | tion as currently filed with the Florida Dept. of State) |
|--|--|
| P21000020272 | |
| (Docu | ment Number of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation: | da Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the | corporation: |
| | Corporation," "company," or "incorporated" or the abbreviation "Corp.," "," or "Co". A professional corporation name must contain the word reviation "P.A." |
| B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u>OX</u>) |
| D. If amending the registered agent and/or regist new registered agent and/or the new registered | ered office address in Florida, enter the name of the d office address: |
| Name of New Registered Agent | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent. | egistered Agent: I am familiar with and accept the obligations of the position. |
| Siv | nature of New Registered 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)

Example:

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>Addres</u> s |
| 1) X Change | P, D | Luciano Garcia Rangel | 5145 LATROBE DR. |
| Add | | | WINDERMERE, FL 34786 |
| Remove | | | |
| 2) X Change | S, D | Fernando Gonzales Portillo | 5145 LATROBE DR. |
| Add | | | WINDERMERE, FL 34786 |
| Remove 3) X Change | T, D | Esperanza Fortich | 5145 LATROBE DR. WINDERMERE, FL 34786 |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | cles, enter change(s) b (Be specific) | _ | | |
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| f an amendment provides for an exch | ange, reclassification. | <u>, or cancellation of is</u> | sued shares, | |
| provisions for implementing the ame | <u>adment if not contain</u> | <u>ed in the amendmen</u> | t itself: | |
| tot vot zambioable (vetigate M/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
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| .The date of each amendment(s) a date this document was signed. | doption:, if other t |
|--|---|
| 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 D | block does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were ad action was not required. | opted by the incorporators, or board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were ad by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. |
| must be separately provided for | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval |
| | • • |
| <u> </u> | (voting group) |
| Dated <u>04 -</u> Signature | 177 |
| selecto | lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary) |
| | Luciano Garcia Rangel |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |