P21000070272

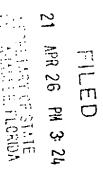
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COVER LETTER

TO: Amendment Section Division of Corporations

> Amendment Section Division of Corporations

P.O. Box 6327

NAME OF CORPO	PRATION: LATIN ORGENT	CARE INC.				
DOCUMENT NUM	IBER: P21000020272					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Cheyenne Moseley					
		Name of Contact Persor	1			
	LegalZoom.com, Inc.					
		Firm/ Company				
	101 N. Brand Blvd., 11th Flo	oor				
	Address					
	Glendale, CA 91203					
		City/ State and Zip Cod	e			
	lgarciarangel@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
Cheyenne Moseley		at (773-0888 ext. 9724			
Name of Contact Person		Area Co) de & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section		Street Address Amendment Section				

Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

LATIN URGENT CARE INC.

EATH ORGENT CARE INC.	
P21000020272	ntly filed with the Florida Dept. of State)
	P.C. amount on (191
	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	A Part of the Part
	26
(Florida s	street address)
New Registered Office Address:	には Florida型 社・ ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
real regimes on office ridges.	(City) (Kipi Gde)
	₽-
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	<u>1t:</u> * with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if anniegable	

☐ 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)

_ 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.

Example: X_Change \underline{PT} John Doe X Remove V Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Name <u>Address</u> (Check One) 1) X Change P, DLuciano Garcia Rangel 5145 LATROBE DR. WINDERMERE, FL 34786 _____ Add ____ Remove 2) X Change S, D Fernando Gonzales Portillo 5145 LATROBE DR. WINDERMERE, FL 34786 ___ Add Remove 5145 LATROBE DR. T, D Esperanza Fortich Change WINDERMERE, FL 34786 ____ Add ____ Remove T, DAdriana Soriano Moreno 5145 LATROBE DR. 4) ____ Change WINDERMERE, FL 34786 Add __ Remove 5) ____ Change Λdd __ Remove 6) _____ Change

	heets, if necessary).	(Be specific)			
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	<u>)rovides for an exch</u>	ange, reclassification	on, or cancellation	of issued shares,	
f an amendment i	DUMENTAL CHE AME	nument ii not conta	amen m ine ameno	ment itseif;	
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f an amendment p provisions for imp (if not applica	ble, indicate N/A)				
provisions for imp	ble, indicate N/A)				
provisions for imp	ble, indicate N/A)				

	04/02/2021	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after ame	endment file date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory furtment of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ed by the incorporators, or board of director	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of vote icient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	wed by the shareholders through voting grouch voting group entitled to vote separately	ups. The following statement on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for	approval
by		
	(voting group)	
Dated 04/2	1/21	
Signature		
selected,	ether president or other officer – if directors by an incorporator – if in the hands of a reco fiduciary by that fiduciary)	
1.	uciano Garcia Rangel	
	(Typed or printed name of person	signing)
P	resident	
_	(Title of person signing)	