below) on the top and bottom of all pages of the document. (((H230003897113)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 1200000000019 : (305)552-5973 Phone

: (305)675-5944 Fax Number

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN JOYFUL MEDICAL CENTER, CORP

Certificate of Status	0
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J. HORNE

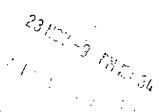
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Help

Articles of Amendment to



	Articles of Incor	poration		· 04
	JOYFUL MEDICAL CE	INTER, CORP		
(Name of	Corporation as currently		da Dept. of Stat	<u>e</u>) :
(P2100002			
	(Document Number of	Corporation (if know	m)	
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corpor	ration adopts the	. following amendment(s) t
A. If amending name, enter the new name	me of the corporation:			
d/Δ				The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co" chartered," "professional association," or "professiona association," o	orp," "Inc," or Lo . A.	этрапу, от теогр professional согро	ration name mu	ist contain the word
B. Enter new principal office address, i Principal office address <u>MUST BE A ST</u>	f applicable: TREET ADDRESS)			
C. Enter new malling address, if appli (Malling address MAY BE A POST (<u>cable:</u> OFFICE BOX)			
		· ·		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addi	ess in Florida, ente <u>:</u>	r the name of t	<u>he</u>
Name of New Registered Agent				
	(Florida str	eet address)	<u> </u>	_
	3660 CENTRAL AVENU		MYERS , Flori	33901
New Registered Office Address:		(City)	, 1 101 1	(Zip Code)
	·			
New Registered Agent's Signature, if a I hereby accept the appointment as regis	changing Registered Agent tered agent. I am familiar	<u>ប</u> with and accept the	obligations of th	e positíon.
		•		
	Signature of New J	Registered Agent, if a	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= Trensurer; 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, Y as Remove, and Sally Smith, SY as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	DAISY LORENZO	2336 CLEVELAND AVE SUITE C
Add			FORT MYERS, FL 33901
Remove 2) Change X _ Add	P	LUIS A APONTE	3660 CENTRAL AVE SUITE 9 FORT MYERS, FL 33901
Remove 3) Change	VP	BRANDON MARTINEZ	.3660 CENTRAL AVE SUITE9
Add Remove 4) Change X Add	ADM ———	TERESA G UNCAL	3660 CENTRAL AVE SUITE 9 FORT MYERS, FL 33901
Remove 5) Change Add			
Remove 6) Change Add		<u> </u>	

mach additional sheets, if necessary).	icles, enter chan (Be specific)			
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				·
		-· 		
		·		
1	••••			
				
	-			
	 .			
If an amendment provides for an expressions for implementing the an (if not applicable, Indicate N/A) DAISY LORENZO, SELLS HER 100	nendment if not o	contained in the s	mendment itself:	
TO LUIS A. APONTE.				
LUIS A. APONTE SELLS 50% OF	HIS SHARES O	F JOYFUL MEDI	CAL CENTER, CO	RP
TO BRANDO MARTINEZ.				

	A.1 L 5.4 C		
The date of each amendment(s) adoption: date this document was signed.	October 24,	<u>[6 t]</u>	, if other than the
Effective date if applicable:	october 24,	्र ७ ६३ endment file date)	
	The mane inth 90 days tyler alice	mament file aute)	
Note: If the date inserted in this block does not document's effective date on the Department of		iling requirements, this date will n	ot be listed as the
Adoption of Amendment(s) (CH	ECK ONE)		
Xi) The amendment(s) was/were adopted by the action was not required.	ncorporators, or board of director	rs without shareholder action and sl	harcholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		es east for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the amer	idment(s) was/were sufficient for	approval	
by		13	
(vot	ng group)		
	7.1 7.2		:
7 1	24,2023		
Signature	mol		_
(By a director, pres	dent or other officer - if directors		
	rporator - if in the hands of a rec	eiver, trustee, or other court	
appointed fiduciary	by that fiduciary)		
7	· 🗘		
	Typed or printed name of person		
•	Typed or printed name of person	signing)	
	$\mathcal{D}_{\mathcal{A}}$		
	Title of person signing)		
· ·	or barren or Punity		