

P21000024685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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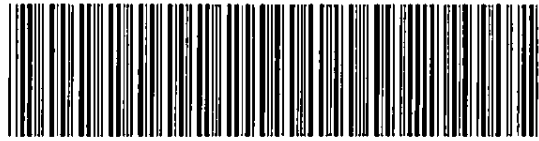
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TREE OF LIFE COMMUNITY MEDICAL CENTER INC

DOCUMENT NUMBER: P21000024685

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMON ORAMA GONZALEZ

Name of Contact Person

Firm/ Company

2183 LAURA LN

Address

WEST PALM BEACH FL 33415-7211

City/ State and Zip Code

taniasanchez1970@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TANIA SANCHEZ

Name of Contact Person

at (954)

795-7462

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
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

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Articles of Amendment
to
Articles of Incorporation
of

TREE OF LIFE COMMUNITY MEDICAL CENTER INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000024685

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "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 the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent RAMON ORAMA GONZALEZ

85 GRAND CANAL DR STE 302

(Florida street address)

New Registered Office Address: MIAMI, Florida 33144

(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.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120(1)(c), F.S.

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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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>RAMON ORAMA GONZALEZ</u>	<u>85 GRAND CANAL DR</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 302</u>
<input type="checkbox"/> Remove			<u>MIAMI FL 33144</u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>THIRLES B NELSON-TAYLOR</u>	<u>85 GRAND CANAL DR</u>
<input type="checkbox"/> Add			<u>SUITE 302</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI FL 33144</u>
3) <input type="checkbox"/> Change	<u>VP</u>	<u>MAIZELIN D TAYLOR-DUNCAN</u>	<u>5814 WILEY STREET</u>
<input type="checkbox"/> Add			<u>HOLLYWOOD FL 33023</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI FL 33144</u>
4) <input type="checkbox"/> Change	<u>SECT</u>	<u>DEANNA R PINDA</u>	<u>2750 NW 56 AVE #F122</u>
<input type="checkbox"/> Add			<u>FORT LAUDERDALE FL 33313</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI FL 33144</u>
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

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NOVEMBER 6, 2024

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 date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated NOVEMBER 15 2024

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

RAMON O GONZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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