P21000037265

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: V & D MEDICAL	CONSULTING INC	
	BER: P21000037265	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ALBERTO PEREZ		
		Name of Contact Persor	1
	STAR TAX SERVICES INC		
		Firm/ Company	
	1255 W 46 ST, STE, 23		
		Address	
	HIALEAH, FL 33012		
		City/ State and Zip Code	2
	STARTAXSERV@GMAIL.	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:at (556-2707
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ortment of State:
■ \$35 Filling Fee	S43.75 Filing Fee & Certificate of Status	☐S43.75 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		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

V & D MEDICAL CONSULTING INC.

THE DISTRICT CONSULTATOR INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P21000037265	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	nt(s) to
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:	Π =
Name of New Registered Agent (Florida street address)	TI D
New Registered Office Address:, Florida, [City]	CD
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

 $[\]square$ 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= 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	$\overline{\mathbf{b}}$	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CONSUEGRA, DANIEL	2822 NW 108TH AVE
Add			SUNRISE, FL 33322
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

amenuing or auditach additional sho	ng additional Articles, enter change(s) here: vets. if necessary). (Be specific)	
-		
	755800	
	_	
·		
		
an amendment or	ovides for an exchange, reclassification, or cancellation of issued shares,	
<u>rovisions</u> for impl	ementing the amendment if not contained in the amendment itself:	
(if not applicabl	e, indicate N/A)	
	<u> </u>	
		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

The date of each amendment(s)	adoption:	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	<u>e)</u>
Note: If the date inserted in this document's effective date on the f	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the ar ufficient for approval.	nendment(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The follow, reach voting group entitled to vote separately on the amendment	ing statement ent(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	.,	
-	(voting group)	
Dated08/2	lene Diaz	
(By a c selecti	firector, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	not been
	DIAZ MOLERO, VALERIE L	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

the

the