## P21000050391

	(Req	uestor's Name)	
	(Add	ress)	
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A. BUHER

## COVER\_LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations	
NAME OF CORPORATION: <u>Navanjo Medical Group</u> , IA DOCUMENT NUMBER: <u>P21000050391</u>	<u> </u>
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Amaury Gonzalez Name of Contact Person	
299 Alhambra Cir Ste 210 Coral Gables, Fl, 33134 Cityl State and Zip Code	う
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Amaury Gonzalez at 786, 804-7219 Name of Contact Person Area Code & Daytime Telephone Number	
nclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Mailing AddressStreet AddressAmendment SectionAmendment Section	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment

to

	Articles of Incorporation	Final Control
1) anamin M	edical" (avou	FILED
(Name of Co	rporation as currently filed with the Flor	16 PM 4: 19
) ( <u>ame w. es</u>	P21000050391	,
	(Document Number of Corporation (if known	WIND CECNELAL OF STATE
ursuant to the provisions of section 607.1006.  s Articles of Incorporation:	•	
. If amending name, enter the new name of	of the corporation:	
ame must be distinguishable and contain the w 'Inc.," or Co.," or the designation "Corp,' 'chartered," "professional association," or th	" "Inc," or "Co". A professional corpo	The new porated" or the abbreviation "Corp.," ration name must contain the word
3. Enter new principal office address, if app	olicable:	
Principal office address <u>MUST BE A STREI</u>	ST ADDRESS )	· · · · · · · · · · · · · · · · · · ·
		<del></del>
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
. If amending the registered agent and/or new registered agent and/or the new regi	registered office address in Florida, enter	the name of the
Name of New Registered Agent		
Hume of the registered Agen	-	<del></del>
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changi hereby accept the appointment as registered of	ng Registered Agent:  igent. I am familiar with and accept the ob	oligations of the position.
<del></del>	Signature of New Registered Agent, if cha	inging

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= 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	<u>PT</u>	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>	Address
1) Change	<u>S</u>	Maria Fernanda Pando	299 Alhambia Cir
_ <b>X</b> _ Add			<u>Suite-210</u>
Remove		(	Coral Gables, Fl, 3313
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		<del>_</del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)	
-		
		—-
		-
· · · · · · · · · · · · · · · · · · ·		
an amendment provides for an excha	nange, reclassification, or cancellation of issued shares,	
<u>provisi</u> ons for implementing the amen	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)
<b>Note:</b> 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)
Signature  (By a director, precident 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)
(Typed or printed name of person signing)
(Title of person signing)