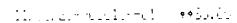
P2400053107

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: MI TIERRA MED	ICAL GROUP CORP		
	MBER: P21000053107			
	les of Amendment and fee are su	bmitted for filing.		
Please return all co	rrespondence concerning this ma	tter to the following:		
	JOAN RODRIGUEZ			
		Name of Contact Persor	1	
	MI TIERRA MEDICAL GR	OUP CORP		
		Firm/ Company		
	14221 SW 120TH ST SUITE	125		
		Address		
	MIAMI, FL 33186			
		City/ State and Zip Cod	e	
For further informa	ntion concerning this matter, plea			
Nar	ne of Contact Person	at (786) 238-3054 Area Code & Daytime Telephone Number		
Enclosed is a checl	c for the following amount made			
S35 Filing Fee	☐\$43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

MUTIERRA MEDICAL GROUP CORP.

(No. 1906)	
(Name of Corporation as currently filed with the Florida Dept. of State) P21000053107	
(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 amendits Articles of Incorporation:	dment(s)
A. If amending name, enter the new name of the corporation:	
The	17/1141
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 w "chartered," "professional association," or the abbreviation "P.A."	p., "
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)	_
	· ? — `.
.;	5
	_ <u>-</u>
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:	۲,
	<u>-</u>
Name of New Registered Agent	
(Florida street address)	ب.
New Registered Office Address: Florida	
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 (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)

Example:

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.

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) X Change	P	JOAN RDRIGUEZ	12728 SW 64 TER
Add			MIAMI, FL 33183
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate 8V4)	f amending or adding additional a Attach additional sheets, if necessar	y). (Be specific)				
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:						
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(if not applicable, indicate N/A)	f an amendment provides for an	exchange, reclassific	<u>ation, or cancena</u> atoined in the an	<u>mon or issued snare</u> pendment itself:	<u>.5.</u>	
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	10/15/2023	
The date of each amendment(s) adoption late this document was signed.	i:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departme	bes not meet the applicable statutory filing requirements, this date with of State's records.	rill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement of the 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)	
selected by an appointed fidu	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary) RODRIGUEZ	
	(Typed or printed name of person signing)	-
PRESI	DENT	

(Title of person signing)