## P21000055575

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## COVER LETTER . .

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MIAMI DADE ME	EDICAL AND REHABILI	HON CENTER CORP
OCUMENT NUM	IBER: P21000055575		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
lease return all corr	espondence concerning this ma	tter to the following:	
	ANA CLARA PIMENTA		
		Name of Contact Persor	1
	ACP BUSINESS CONSULT	ING	
		Firm/ Company	
	777 BRICKELL AVE SUITE	500-71	
	Address		
	MIAMI, FL 33131		<u> </u>
		City/ State and Zip Code	c
	ANACLARA@ACPBUSINE	ESSUSA.COM	
	E-mail address: (to be us	ed for future annual report	notification)
or further informati	on concerning this matter, pleas	se call:at (	233-6595
Name	of Contact Person	at (at (	) de & Daytime Telephone Number
nclosed is a check t	for the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Address Intent Section on of Corporations entre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

MIAMI DADE MEDICAL AND REHABILITION CENTER CORP

(Name of Corporation as currently filed with the Florida Dept. of State	)
P21000055575	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation:	following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MIAMI DADE MEDICAL AND REHABILITATION CENTER CORP	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abl "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered." "professional association," or the abbreviation "P.A."	breviation "Corp.," contain the word
B. Enter new principal office address, if applicable:	7207
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	- Assessed
	22
	, P
C. Enter new mailing address, if applicable:	· = 0
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<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:	
Name of New Registered Agent	
(Florida street address)	<del></del>
New Registered Office Address:, Florida	
(City)	(Zip Code)
Name Danistana d Amare's Circustum of alternation Danistana d Amare.	
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 pe	osition.
Signature of New Registered Agent, if changing	
Signature of the negative rigent, if enanging	

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			4
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f 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 N/A)	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
(if not applicable, indicale :N/A)	
	_

The date of each amendment(s) acd the this document was signed.	loption: if other than the
Effective date if applicable:	
<del></del>	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this baccument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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)
	(voting group)
06/17/2021 Dated	Aulin 2
(By a di selecteo	regior, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	ERASMO MENENDEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)