P21000065024

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10/9/2022

COVER LETTER

' **TO**: Amendment Section Division of Corporations

NAME OF CORPO	Trust Care Medica	d Center Inc		
DOCUMENT NUM	P21000065024 BER:		. ==	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Demis A. Exposito			
		Name of Contact Person	<u> </u>	
	7100 West 20 Ave Suite 515	Firm/ Company		
	Hialeah, Fl 33016	Address		
	City/ State and Zip Code			
	Alex.exposito@trustcaremed E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Demis A. Exposito		305 at (846-9333 _)	
Name	of Contact Person	Агеа Сос	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee 1. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation of

Trust Care	Medical	Center	Inc	

(<u>Name of Corporation as currentl</u> P21000065024	v filed with the Florida Dept. aflState) = 8 / 1111:08
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
3. Enter new principal office address, if applicable:	7100 West 20 Ave suite 515
Principal office address MUST BE A STREET ADDRESS)	Hialeah, Fl 33016
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7100 West 20 Ave suite 515
(All 1997)	Hialeah,fl 33016
D. If amending the registered agent and/or registered office address Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent bereby accept the appointment as registered agent. I am familiar s	: with and accept the obligations of the position.
Signature of New R	egistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (11)	(a) FS

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 РТ John Doe X Remove V Mike Jones SVX Add Sally Smith Type of Action <u>Title</u> Address. Name (Check One) P Juan C. Sanchez 7100 West 20 Ave Suite 513-A 1) ____ Change Hialeah, Fl 33016 ____ Remove 7100 West 20 Ave Suite 515 Mildrey Exposito 2) $\frac{}{X}$ Change Hialeah, Fl 33016 Add _ Remove 3) __ Change Add __ Remove 4) ____ Change ___ Add Remove 5) ____ Change ____ Add _ Remove 6) ____ Change Add Remove

tttach <i>additione</i>	adding additional A il sheets, if necessary). (Be specific)				
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an amendmer	nt provides for an ex	cchange reclassif	ication or cancel	llation of issued s	shares.	
provisions for	implementing the ar	mendment if not o	contained in the	amendment itself	<u>[:</u>	
(if not appl	icable, indicate N/A)					
		_		<u> </u>		
		_		<u></u>		_
						_
						<u> </u>

The date of each amendment(s) a	leption:	, if other than the
date this document was signed. 07/0	1/2022	
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sl	hareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the flicient for approval.	ne amendment(s)
	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amer	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
07/01/2022		
Dated		
0.		
selecte	rector, president or other officer – if directors or officers l. by an incorporator – if in the hands of a receiver, truste ed fiduciary by that fiduciary) Demis A. Exposito	
	(Typed or printed name of person signing) (C.E.()	
	(Title of person signing)	·