## P210000 70609

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## COVER LETTER

Division of Corporations NAME OF CORPORATION: WEDO Medical Center Corp.

DOCUMENT NUMBER: \_\_\_\_\_ P210000 70609 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pado L. Villat Kuig Name of Connact Person We do corp 801 @gmail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Redro L. Valley Prize at (305) 283 5666

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

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	Articles of Amendment	
	to	LEA
	Articles of Incorporation	2021
WEDO	Medial Centr Con	2021 NOV 05 44 10: 2
	rporation as currently filed with the Flori	da Dept. of State)
,	P21000070609	The state of the s
	(Document Number of Corporation (if know	vn)
suant to the provisions of section 607,1006 Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit Corpor</i>	ration adopts the following amendment(s
If amending name, enter the new name	of the corporation:	
		The new
nartered," "professional association," or the Enter new principal office address, if application of the incipal office address MUST BE A STRE	plicable:	
	<u></u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	e: ICE BOX)  registered office address in Florida, enter	the name of the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  If amending the registered agent and/or	e: ICE BOX)  registered office address in Florida, enter	the name of the
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 reg	e: ICE BOX)  registered office address in Florida, enter	the name of the
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 reg	e: ICE BOX)  registered office address in Florida, enter sistered office address:  (Florida street address)	the name of the Florida

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)

Remove

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, Y as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u> <u>Joh</u>	nn Doe				
X Remove	<u>Y</u> <u>Mil</u>	Mike Jones				
X Add	<u>SV</u> <u>Sal</u>	ly Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s			
I) Change	P	Pierre Penez	30710 SW 81 St QUE			
Add		·	cutles bay FL			
_ <u>X</u> Remove	D	64 / 2/	<u> 33189</u>			
2) Change	P	Stephanic Marie	801 moduel st suit: 2			
<u>X</u> Add		NUSW	Cival gables, FL			
Remove 3) Change			<u> 33134</u>			
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						

f amending or adding additional A Attach additional sheets, if necessary	). (Be specific)			
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an amendment provides for an ex-	change, reclassificatio	n, or cancellation of is	ssued shares,	
provisions for implementing the ar	nendment if not contai	ned in the amendmen	t itself:	
(if not applicable, indicate N/A)				
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The date of each amendment(s) a	doption: 10/20/2021	, if other than the
date this document was signed.	10/20/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this l document's effective date on the D	block does not meet the applicable statutory filing repartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors with	nout shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast ufficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro-	val
by	100	'''
	(voting group)	
Dated	120/2021	
Signature		
selecte	lirector and dent or other officer – if directors or off of by an incorporator – if in the hands of a receiver, the fied fiduciary by that fiduciary)	
	Redro L. Velles To	uig
	(Typed or printed name of persor, signing	
	President	
	(Title of person signing)	