P21000072694

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Policlinica Little Havang INC DOCUMENT NUMBER: P21000072694
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
A Maury Gonzalez Name of Contact Person
299 Alhambra Cir Ste-210 Coral Gables, Fl, 33134 City/ State and Zip Code glez_amavy @ yahoo.es E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AMaury Gonzalez at (786) 804-7219 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:
S35 Filing Fee S43.75 Filing Fee Scrifficate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee S43.75 Filing Fee Scriffied Copy (Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment	
to Articles of Incorporation	FILED
Policlinica Little Havana (Name of Corporation as currently filed with the Florida Dept P2100072694	Too
(Name of Corporation as currently filed with the Florida Depi	TALL SUCCESSARY OF STAIR
	TACCHINASSEE, FLORICE
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> acits Articles of Incorporation:	lopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The _new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation n "chartered," "professional association," or the abbreviation "P.A."	or the abbreviation "Corp.," ame-must-contain the word
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)	
D. If amending the registered agent and/or registered office address in Florida, enter the nat	me of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent 299 Alhambra Ci (Florida street address)	r Ste-210
New Registered Office Address: Ora GAbles (City)	. Florida <u>33/34</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar with and accept the obligation.	is of the position.

Signature of New Registered Agent, if changing

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)

____ Add

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.

Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change PTJohn Doc X Remove Mike Jones <u>SV</u> <u>X</u> Add Sally Smith Type of Action Title Address <u>Name</u> (Check One) 1) Change Add X Remove 2) ____ Change ____ Add Remove Change X Add __ Remove 4) ____ Change Add Remove 5) ____ Change Add _ Remove 6) ____ Change

Attach additional sheets, if necessary).	(Be specific)
	•
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f an amendment provides for an exch-	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S	meet the applicable statutory filing requirements, this tate's records.	date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
☐ The amendment(s) was/were adopted by the in action was not required.	corporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	narcholders. The number of votes cast for the amendme proval.	nt(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting ga	shareholders through voting groups. The following state roup entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amend	ment(s) was/were sufficient for approval	
by		
(voting	g group)	
selected, by an incorp appointed fiduciary b	Yoanka Naranjo yped or printed name of person signing)	en ourt
(Ti	itle of person signing)	