Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H22000411193/3)))



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Tc:

Division of Corporations

Fax Number : (850)617-6380

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Account Name : BRYTEBRIDGE CONSULTING, LLC

Account Number : I20200000117 Phone : (407)278-1552 Fax Number : (407)857-9309

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

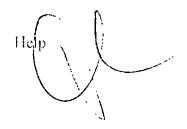
Email Address: _____Cubanohaitianol508@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALLIANCE MEDICAL CTR, INC

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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Articles of Amendment to Articles of Incorporation of

ALLIANCE MEDICAL CTR, INC						
·	oration as currently	filed with the Florida	Dept. of State)			
P22000048002						
(1)	ocument Number of	Corporation (if known))			
Pursuant to the provisions of section 607.1006. Flits Articles of Incorporation:	orida Statutes, this I	Torida Profit Corporat	ion adopts the fol	lowing a	nendme	nt(s) t
A. If anjending name, enter the new name of the	he corporation:					
N/A				7.0		
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," " "chartered," "professional association," or the a	Inc." or "Co". A			viation '		
B. Enter new principal office address, if applic		N/A		· - ,	DEC	-
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)				- 7	.
				_,.	AH	: <u></u>
				 	<u>==</u>	المستقداء المستوال
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	EBOX)	N/A		٦· -	59	
D. If amending the registered agent and/or reg	ris turnet aftica address	ms in klassida antas th	a numa of the			
new registered agent and/or the new registe		ess in Fibrida, Cite in	ic name or the			
Name of New Registered Agent N/A						
						
	(Florida stre	et addressi				
New Registered Office Address:			, Florida			
	′	Сиу		(Zīp Codi	7	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	<u>Registered Agent;</u> m I am familiar w	ith and accept the oblig	ations of the posi	tion.		
	rilli or un chart in	atronia I tanna 111 at				
	Signature of New Re	gistered Agent, if chang	ging			
Check if applicable						

Example:

((#122006411493) 3)%

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 Cierk; 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	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Saliv Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address ~
1) Change	P	Michel Poitevien	6245 Miramar Paikway STE 1023 Miramar, FL 33023
Add			Miramar, FL 33023
X Remove			
2) X Change	PST	Edwing Jean Baptiste	6245 Miramat Parkway STE 102
Add			Miramar, FL 33023
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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Hamending or additional Articles, enter change(s) here: Attach additional Sheets, if necessary). (Be specific) d EIN Number: 92-4679900 EEV -7 NH Signature of the specific of the specif	stach additional sheets, if necessary) — (Re-specific)		
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 NA)	and the state of t		
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	on:		, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :	tno more than 90 days after amen		
	(no more than 90 days after amena	dment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory tili- nent of State's records.	ng requirements, this date	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors	without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes of for approval.	cast for the amendment(s)	~
	I by the shareholders through voting group voting group entitled to vote separately on		ES (
	e amendment(s) was/were sufficient for ap	~	7
by	(voting group)		
	(voung group)	·	
12/6/2022		-	- 59
Dated			Ψ
Signature <u>Edwing</u>	. Jean B		
(By a directo selected, by	r, president or other officer – if directors or an incorporator – if in the hands of a receiv luciary by that fiduciary)		
Edw	ing Jean Baptiste		
	(Typed or printed name of person sig	ining)	
Pres	dent, Treasurer, Secretary		
	(Title of person signing)	-	