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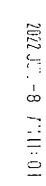
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: MGMEDICAL CO	ONSULTING CORP	<u> </u>
	IBER: P22000051954		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	MONICA USCATEGUI		
		Name of Contact Person	1
	GREENLIGHT FINANCIAI		
		Firm/ Company	
	7480 BIRD RD STE 810		
		Address	
	MIAMI, FL 33155		
		City/ State and Zip Cod	
	MUSCATEGUI@GREENLI	GHTFINANCIAL NET	
	-	sed for future annual report	notification)
	is man address, (to be a	ood for factors annual report	notification,
or further informati	on concerning this matter, plea	se call:	
MONICA USCATE	GUI	at (305	860-5970
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
	O. Box 6327	The Co	entre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MGMEDICAL CONSULTING CORP

2022 372 -8 7711:01

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P22000051954	4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Document Number of	of 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(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name 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)	
(maining maress MAT BE A TOST OF TICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	t:
I hereby accept the appointment as registered agent. I am familiar	
Signature of New F	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)

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	PT.	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	<u>P</u>	_	Andrea Claudia L Abizaid	7480 BIRD RD STE 810
Add				MIAMI, FL 33155
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
<i>δ</i>) Change		_		
Add				
Remove				

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)	
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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(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
, -	(voting group)	
06/29/2 Dated	022	
Signature	Amelica AlBigaid	
	a director, president or other officer if directors or officers have not be eted, by an incorporator – if in the hands of a receiver, trustee, or other	
	ointed fiduciary by that fiduciary)	zourt
	Andrea Claudia L Abizaid	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	