## P22000084091

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: CENTRO DE EMERGENCIAS PEDIATRICAS SA CORP DOCUMENT NUMBER: P22000084091 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jacqueline Horta Name of Contact Person J Horta Accounting & Taxes Inc. Firm/ Company 12905 SW 42 Street Address Miami, Florida, 33175 City/ State and Zip Code jhortafl@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 305 ) 387-2906

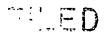
Area Code & Daytime Telephone Number Jacqueline Horta Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



CENTRO DE EMERGENCIAS PEDIATRICAS SA CORP

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

2002 7 TO 15 PH 3: 23

(Name of Corporation as currently	filed with the Florida Dept, of State).
P22000084091	A CONTRACTOR OF STATE
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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 addrs	ove in Florida, outer the name of the
new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
•	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable	

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 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.

r.xampie: - <u>X.</u> Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	P	_	Aracelys De Jesus Varela De Magdaleno	1507 Tyrel DR
Add				Orlando, Florida 32818
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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f an amandman	u nrovidae for an axo	schange, reclassification, or cancellation of issued shares,
provisions for i	mplementing the am	nendment if not contained in the amendment itself:
(if not appli	icable, indicate N/A)	
	-	

	12/07/2022	
The date of each amendment(s) adop	otion:	if other than th
date this document was signed.		
12/07/2	2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocdocument's effective date on the Depa	k does not meet the applicable statutory filing requirements, this date wirtment of State's records.	ill not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	•	
· · · · · · · · · · · · · · · · · · ·	(voting group)	3
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	• •	
12/07/2022	•	5
Dated		ري . الم
$\mathcal{D}_{\mathcal{A}}$	<del>11-1-1</del>	~ ~
Signature	K1 1	PH 3: 23
	tor, president or other officer - if directors or officers have not been	<u>ැග</u>
	by an incorporator – if in the hands of a receiver, trustee, or other court	可见
	fiduciary by that fiduciary)	-Œ 3
PI	EDRO S MAGDALENO VALERA	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	<del> </del>