P23000007411

		
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COVER LETTER

TO: Amendment Section

Division of Cor	porations			
NAME OF CORPO	DRATION: FIRST MEDICAL	INSTITUTE INC		
	IBER: P23000007611			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	ALCIME, JOVENEL			
		Name of Contact Persor	1	
		Firm/ Company		
	4312 N STATE RD 7			
	-	Address		
	LAUDERDALE LAKES, FL	. 33319		
		City/ State and Zip Code	<u> </u>	
	F-mail address: (to be us	sed for future annual report	notification)	
	25 mars districted (10 to ac	ed to fatale amount opon		
For further informati	on concerning this matter, pleas	se call:		
ALCIME, JOVENE	L	954 at (588-9245	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State;	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		Address	
	nendment Section vision of Corporations	Amendment Section Division of Corporations		
	D. Box 6327	The Centre of Tallahassee		
	llahassee, FL 32314	2415 1	N. Monroe Street, Suite 810	
		Tallaha	issee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FIRST MEDICAL INSTITUTE INC

	37
2023 FEB 13	- <u>14</u> -2
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(Name)	of Corporation as currently	filed with the Florida Dept.	$\frac{1}{1}$ of State) $\frac{\partial H}{\partial t} = \frac{\partial H}{\partial$
P23000007611			*****
	(Document Number of	Corporation (if known)	,
Pursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ad	opts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc, " or "Co", A	mpany," or "incorporated" (professional corporation no	The new or the abbreviation "Corp.," ume must contain the word
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
Enter new mailing address, if appl (Mailing address MAY BE A POST			
. If amending the registered agent at new registered agent and/or the new		ss in Florida, enter the nan	ne of the
Name of New Registered Agent	ALCIME, JOVENEL		
•	4312 N STATE RD 7		
	(Florida stree		
New Registered Office Address:	LAUDERDALE LAKES		. Florida 33319
	(0	Tity)	(Zip Code)
New Registered Agent's Signature, if e hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligations	of the position.
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	<u>PT</u>	<u>John De</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	P	_	ALCIME, JOVENEL	4312 N STATE RD 7
Add				LAUDERDALE LAKES, FL 3331
Remove				
2) Change		_		
Add				
Remove 3) Range		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	_	_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
A	
-	
	11.
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	- 150

 $\mathcal{L}_{\mathcal{A}} = \{ \mathbf{r} \in \mathcal{A} \mid \mathbf{r} \in \mathcal{A} \mid \mathbf{r} \in \mathcal{A} \}$

	2/8/2023		
The date of each amendment(s) add date this document was signed.	option:		, if other than the
Effective date <u>if applicable:</u>			
	(no more than	i 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the appartment of State's records.	olicable statutory filing requirements, this day	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt action was not required.	ted by the incorporators, o	or board of directors without shareholder actic	on and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. Ticient for approval.	The number of votes cast for the amendment(s	s)
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders the state of the shareholders the state of th	hrough voting groups. The following stateme to vote separately on the amendment(s):	ent
"The number of votes cast fo	r the amendment(s) was/w	were sufficient for approval	
lncorporators by	、 ,		
——————————————————————————————————————	(voting group)	•	
2/8/2023 Dated			
Signature	/ h_	182-	
(By a directed. It	ctor/president or other off by an incorporator – if in t tiductary by that fiduciar	heer – if directors or officers have not been the hands of a receiver, trustee, or other court (y)	
Al	LCIME, JOVENAL		
_	(Typed or printed	d name of person signing)	
Pn	esident		
	(Title of person s	signing)	