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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INDEPENDENT TAX SERVICES PLUS CORP.

Account Number : I20020000072 Phone : (305)887-0001

Fax Number : (305)884-6444

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

Email Address: Independent + Ax Services @ Hormail. com

COR AMND/RESTATE/CORRECT OR O/D RESIGN MC HEALTHCARE CHILDREN INC

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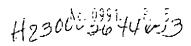
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COVER LETTER

TO: Amendment Section Division of Corporations

DOCHMENT NO		RE CHILDREN INC		
DOCOMENT NO	MBER:		-	
	es of Amendment and fee are st			
Please return all cor	respondence concerning this ma	atter to the following:		
	MARILIN COUSO ALVAR	EZ		
		Name of Contact Person	<u> </u>	
	MC HEALTHCARE CHILD	DREN INC		
		Firm/ Company		
	1834 SW 82 PLACE			
		Address		
	MIAMI FL 33155			
		City/ State and Zip Cod	e	
	Independenttaxservices@bot	mail.com		, 5
	E-mail address: (to be u	sed for future annual report	notification)	٠.
	ion concerning this matter, piea	se call:	303-6320	.*
MARILIN COUSO	•	a: (<u></u> 305	303-6320 de & Daytime Telephone Nur	nber
MARILIN COUSO	ALVAREZ	at (305 Area Co payable to the Florida Depa	de & Daytime Telephone Nur	nber

Articles of Amendment to Articles of Incorporation



MC HEALTHCARE CHILDREN INC.

(Name of Corporation a	as currently filed with the Florida Dept. of State)
P23000073965	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	nutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpo	vration:
MC CHILDREN'S HEALTHCARE INC	<i>T</i> l
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviati	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
B. Enter new principal office address, if applicable:	0231
(Principal office address <u>MUST BE A STREET ADDRES</u>	2023 OCT
	· · · · · ·
2. Enter new malling address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
	2
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	office address in Florida, enter the name of the
	e agoress:
Name of New Registered Agent	·
a	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ad tours
hereby accept the appointment as registered agent. I am j	familiar with and accept the obligations of the position.
	· · ·
Cianata	of New Project and James if also
signature d	of New Registered Agent, if changing
heck if applicable	
The amendment(s) is/are being filed pursuant to s. 607.01	120 (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)

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.

Example: X Change	<u>PT</u>	John Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change					
Add			•	2023 OC	
Remove					'उ र्थ रसर्ग
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Remove 3) Change				9: 12	
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Remove					
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a data of each amendment(s) ad	10/18/2023 Inntion:	, if other th	an the
this document was signed.			
	3/2023		
ective date <u>if applicable</u> :	(no more than 90 days after amer	ndment file date)	
	(10)10 0 11111 10 11190 1910	,	
e: If the date inserted in this blument's effective date on the De	ock does not meet the applicable statutory fil partment of State's records.	ling requirements, this date will not be listed	as the
ption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adouted on was not required.	pted by the incorporators, or board of directors	s without shareholder action and shareholder	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of vote:	s cast for the amendment(s)	
"The number of votes cast	each voting group entitled to vote separately of the amendment(s) was/were sufficient for a	<u> </u>	
	(voting group)	玉	-
10/15/2023 Dated		9. <u>1</u> 2	
Signature	Masuso.		
(By a di selected	rector, president $d\mathbf{r}$ other officer – if directors \mathbf{r} , by an incorporator – if in the hands of a rece \mathbf{r} directors that fiduciary)		
	MARILIN COUSÓ ALVAREZ		
•	(Typed or printed name of person s	signir.g)	
	PRESIDENT/DIRECTOR		
	(Title of noison signing)		