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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	PEREZ	I PEREZ	MEDICAL	GROUP	INC
DOCUMENT NUMBER:	P24000	002364			

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

			Name of	Contact Person		
PERE	23	PE	REZ	MEDICAG	GROUP	INC
				(Company		
1321 SU	> 10	TH	AUE	211A		
			A	ddress		
MIAMI	FL	331	74			
			City/ Stat	e and Zip Code		

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL T PEREZ PEREZat (7868639072Name of Contact PersonArea Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

C 835 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	Articles of An to Articles of Inco			
_	of		FILED	
PEREZ 8 PE	REZ MEDIC	AL GROUP	1024 PH 2: 01	
(<u>Name (</u>	of Corporation as currently		Dept. of State)	
<i>P2</i> ·	4000002364		STATE	-
	(Document Number of	Corporation (if known)	li	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporatio	on adopts the following amer	ndinei
A. If amending name, enter the new n	ame of the corporation:		The	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co", A		ted" or the abbreviation "Co	ср.
B. Enter new principal office address,	if applicable:	1321 500 ;	107TH AVE	
(Principal office address MUST BE A S				
	<u> </u>	SUITE 21	<u>'I A</u>	
	<u></u> ,	SUITE 21 MIAMI FL		
C. <u>Enter new mailing address, if appl</u> (Mailing address <u>MAY BE A POST</u> .	icable:	<u>MIAMI FI</u> 1321 SW 11	33174 07 th AUE	
C. <u>Enter new mailing address, if appl</u> (Mailing address <u>MAY BE A POST.</u>	icable:	MIAMI FL	33174 07 th AUE	
C. <u>Enter new mailing address, if appl</u>	icable:	<u>MIAMI FI</u> 1321 SW 11	33174 07 th AUE	
C. <u>Enter new mailing address, if appl</u> (Mailing address <u>MAY BE A POST.</u>	<u>icable:</u> <u>OFFICE BOX</u>) nd/or registered office addre	<u>MIAMI FL</u> <u>1321 SW 11</u> <u>SUITE 211A</u> <u>MIAMI FL</u>	33174 07 th AUE 33174	
 C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>. D. <u>If amending the registered agent ar</u> new registered agent and/or the new 	<u>icable:</u> <u>OFFICE BOX</u>) nd/or registered office addre	<u>MIAMI FL</u> <u>1321 SW 11</u> <u>SUITE 211A</u> <u>MIAMI FL</u> ess in Florida, enter the	<u>33174</u> 07 Th AUE 33174 ename of the	
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 C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>. D. <u>If amending the registered agent ar</u> new registered agent and/or the new 	icable: <u>OFFICE BOX</u>) id/or registered office address: <u>DANIEL</u> TC 3771 NW J TH <u>s</u> (Florida stree	<u>MIAMI FL</u> <u>1321 SW 10</u> <u>SUITE 211A</u> <u>MIAMI FL</u> <u>Ess in Florida, enter the</u> <u>OMAS PEREN</u> <u>T APT 415, M</u>	<u>33174</u> 07 Th AUE 33174 e name of the Z PEREZ MARI FL 33126	
 C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>. D. <u>If amending the registered agent ar</u> new registered agent and/or the new 	icable: <u>OFFICE BOX</u>) ad/or registered office address: <u>DANIEL</u> TC <u>3771 NW FTH S</u> (Florida stree <u>MIAMI</u>	<u>MIAMI FL</u> <u>1321 SW 10</u> <u>SUITE 211A</u> <u>MIAMI FL</u> <u>Ess in Florida, enter the</u> <u>OMAS PEREN</u> <u>T APT 415, M</u>	<u>33174</u> 07 th AUE 33174 e name of the 2 PEREZ	

Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) PT 7771 NW 7Th ST AP 415 1) ____ Change DANIELT PEREZ PEREZ X Add MIAMI FL 33126 _____ Remove Daniela D PEREZ GARCIA 7771 NW 7th St APT 415 2) X Change ____ Add MIAMI FL 33126 🗶 Remove AP ELENA R VILLAZON 3) ____ Change 13727 SW 152ND ST APT 264 _____ Add MIAMI FL 33177 ____ Remove Change _____ Add _____ Remove 51 ____ Change _____ Add Remove 6) ____ Change ____ Add Remove

	sheets, if necessary).	(Be specific)			
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		•			<u>_</u> _
If an amendment	provides for an exch	ange, reclassification.	or cancellation of issued	shares.	
	plementing the amer	ndment if not containe	d in the amendment itse		
provisions for im	able, indicate N/A)				
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	ach amendment(s) ad ment was signed.	option: 03/28/	2024	, if other than the
	e if applicable:	03/28/202	24	
		(no more than 9)) days after amendment file date)	
		ock does not meet the applic partment of State's records.	able statutory filing requirements, this c	late will not be listed as the
Adoption of .	Amendment(s)	(<u>CHECK ONE</u>)		
-	lment(s) was/were ado not required,	pted by the incorporators, or h	board of directors without shareholder ac	tion and shareholder
	lment(s) was/were ado reholders was/were su		number of votes cast for the amendmen	I(s)
			ough voting groups. The following stater vote separately on the amendment(s):	nent
"The	number of votes cast :	for the amendment(s) was/we	re sufficient for approval	
by _	PERER 8 PE	REZ MEDICAL ((voting group)	Group inc.	
	Signature(By a di selected) er – if directors or officers have not beer c hands of a receiver, trustee, or other co	

Daniel T PEREZ PEREZ (Typed or printed name of person signing)

PRESIDENT

(Title of person signing)