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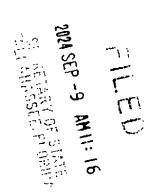
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A. RAMSEY SEP 1/22024

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: A&D WELLNES	S MEDICAL CENTI	ER			
	NUMBER:		<u> </u>			
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.				
Please return all	correspondence concerning this ma	tter to the following:				
	DAVID VAZQUEZ ANDER	REZ				
		Name of Contact Person				
	A&D WELLNESS MEDICAL CENTER					
	Firm/ Company					
	13944 SW 8 ST STE 216					
	Address					
	MIAMI, FL 33184					
		City/ State and Zi	p Code			
	ADWELLNESSMED@GMAIL.COM					
	E-mail address: (to be us	sed for future annual	report notification)			
	mation concerning this matter, pleasure.	se call: 786	939 ()661			
٨	Name of Contact Person		rea Code & Daytime Telephone Number			
Enclosed is a ch	eck for the following amount made	payable to the Florid	la Department of State:			
ጃ \$35 Filing F	Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing For Certified Copy (Additional copy enclosed)	Certificate of Status			
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	7 [2	Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Fallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of



A&D WELLNESS MEDICAL CENTER

(Name of Corporation as currently filed with the Florida TANGSPELPT KAIR! P24000003078 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent (Florida street address) N/A New Registered Office Address: . Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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)

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 Do	<u>De</u>			
X Remove	<u>V</u> <u>Mike Jones</u>				
X Add	SV Sally Sr	mith_			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	V	ARIADNA DORTA	13944 SW 8 ST STE 216		
X Add			MIAMI, FL 33184		
Remove					
2) Change	<u> </u>				
Add		•			
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add	<u> </u>				
Remove					

critianti additional sneets, if necessal	Articles, enter change(s) here: ury). (Be specific)	
/A		
		
fan amandurus kansas tika barbara		
provisions for implementing the	exchange, reclassification, or cancellat amendment if not contained in the am	tion of issued shares,
(if not applicable, indicate N/A	1)	endment userr.
		

	SEPTEMBER 1ST, 2024 adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	EPTEMBER 1ST, 2024	
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requiremed epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the a ufficient for approval.	mendment(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amendm	ving statement vent(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	EMBER 1ST, 2024	
Signature	<i>4</i> 71	
scleet	trector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, onted fiduciary by that fiduciary)	
	DAVID VAZQUEZ ANDEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	