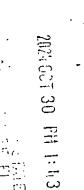
P24000053829

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COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MARGAL MEDI	CAL AND HEARING CE	NTER INC		
	IBER: P24000053829				
	s of Amendment and fee are se	ibmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	ADRIANA I DIAZ				
	Name of Contact Person STAR TAXES INC				
	Firm/ Company				
	13088 SW 132ND CT				
	Address MIAMI, FL 33186				
	City/ State and Zip Code				
	ADRIANA@STARTAXESI		-		
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, plea	786	306-8728		
	of Contact Person	at ()de & Davtime Telephone Number		
	or the following amount made				
S35 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		Amend Divisio The Co 2415 N	Address Iment Section In of Corporations In the control of Tailahassee I. Monroe Street, Suite 810 Issee, FL 32303		

Articles of Amendment Articles of Incorporation of

MARGAL MEDICAL AND HEARING	i CENTER	INC
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MARGAL MEDICAL AND HEARING CENTER INC	of .
(Name of Corporation	as currently filed with the Florida Dept. of State) 7 30 Pil 1: 43
P24000053829	11.43
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	itatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	20ration:
MOVAC MEDICAL AND HEARING CENTER INC	The new
name must he distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc." o "chartered," "professional association," or the abbrevio	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	<u>ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	nce aggress.
	(Florida street address)
New Registered Office Address:	, Florida

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

	icent if account to:	(Be specific)				
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provisions for imp	royides for an exc dementing the and	hange, reclassif endment if not c	ication, or cane contained in the	amendment itself	······································	
<u>provisions for imp</u>	dementing the am	hange, reclassif endinent if not o	ication, or canco contained in the	amendment itself		
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f an amendment p provisions for imp	dementing the am	hange, reclassif	ication, or cance	amendment itself		

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:

tAttach additional sheets, it 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 Evecutive 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>	John Do	<u> </u>	
X Remove	$\overline{\Sigma}$	Mike Jo	<u>nes</u>	
X Add	\underline{SV}	Sally Sn	<u>nith</u>	
<u>Expe of Action</u> (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1)Change		_		
Add				
Remove				
2)Change		_		
Add				
Remove 3) Change				
Add				·
Remove				
11 v mings				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	10/11/2024	
The date of each amendment(s) adopted this document was signed.	ption:	, if other than the
10/11/. Effective date if applicable:	2024	
	(no more than 90)	days after amendment tile dater
Note: If the date inserted in this bloc document's effective date on the Depa		ble statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was were adopted action was not required.	ed by the incorporators, or bo	oard of directors without shareholder action and shareholder
The amendment(s) was were adopte by the shareholders was were suffi		number of votes cast for the amendment(s)
		igh voting groups. The following statement of separately on the amendment(s):
"The number of votes cast for	r the amendment(s) was were	sufficient for approval
hy	(voting group)	
selected. 1 appointed V	ctor, president or other offices by an incorporator – if in the liduciary by that fiduciary)	r if directors or officers have not been hands of a receiver, trustee, or other court
· -	(Title of person sign	ing)