

PA400060651

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and mail it to the Division of Corporations, 1000 North West 11th Street, Tallahassee, Florida 32304.

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000340070 3)))



H240003400703ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : J20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

**Email Address:**

RECEIVED

2024 OCT -9 PM 4:13

100-443887-100

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**TORRES CASAS & MEDICAL CENTER INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2024 OCT -9 PM 8:20

100

Articles of Amendment  
to  
Articles of Incorporation  
of

TORRES CASAS & MEDICAL CENTER

Florida Document Number: P 24000060651 INC

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

ADD YANALSI MESA (S)

943 SW 87 AVE MIAMI FL 33174

SUITE 937A

These articles of amendment were adopted on \_\_\_\_\_

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.



Signature

OCTAVIO TORRE (P)

Printed Name and Title

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