## P93 000000 740

(Requi	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: U.S.A. MEDICAL	SERVICES CORPORATI	ON	<u>.</u>
	BER: P93000000790			
The enclosed Article.	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Olivia Rodriguez			
		Name of Contact Person	1	
	USA Medical Services Corp			
	***	Firm/ Company		
	18001 Old Cutler Road, Suite	2 300		
		Address	<del></del>	<del></del>
	Palmetto Bay, FL 33157			•
	City/ State and Zip Code			
	orodriguez@bupalatinamerie	a.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call.		f
Analia Aguilera		305 at (	de & Daytime Telephone Nu	
Name	of Contact Person	Area Co	de & Daytime Telephone Nu	mber
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Di <sup>c</sup> P.C	niling Address mendment Section vision of Corporations J. Box 6327 Hahassee, FL 32314	Amend Divisio The C 2415 î	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 81 ussee, F1, 32303	0

## **Articles of Amendment** Articles of Incorporation of

(Name of Corporation as curren	nely filed with the Florids	Dent of State)	
P93000000790	ntiv med with the Fibria.	r rept. or state)	
	r of Corporation (if known	)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is <i>Florida Profit Corpora</i> .	tion adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:			
N/A			The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.:	A professional corpora	ated" or the abbrevial ion name must conto	ion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	<del></del>	
(Finisput office undress <u>ACST DE ASTREET AODRESS</u> )			· ——-
		· • _	:
C. Catanana mailing address if applicables			( <i>i</i> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		<del>-</del>
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent  N/A		ne name of the	· 
		<del></del>	<u> </u>
(Florula	street address)		
New Registered Office Address:	(City)	, Florida (Ziz	(Code)
	, , ,	,	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		gations of the position	
Signature of New	Registered Agent, if chan	ging	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1			

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)

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 = Trustce; 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 Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	$\underline{V}$	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	P	Jose Luis Buil	18001 Old Cutler Road
X Add	<del></del>		Suite 300
			Palmetto Bay, FL 33157
Remove			
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove 3.1 Change			
Add			<u> </u>
Remove			· <u> </u>
4) Change			
Add			
Remove			
51 Change			<u> </u>
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

attach additional sheets, if necessary). (Be specific)	
	<del></del>
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	ation of issued shares.
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June 13, 2	022	
The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
June 13, 2022 Effective date if applicable:		
tno me	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will records.	not be listed as the
Adoption of Amendment(s) (CHECK O	<u>NE</u> )	
The amendment(s) was/were adopted by the incorpo action was not required.	rators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva		
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of		
"The number of votes cast for the amendment(	s) was/were sufficient for approval	
bv	<u> </u>	
tvoting grou	$\frac{1}{(p)}$	
May 25, 2023		
Dated	<del></del>	
A / X		:
Signature	, op (a.)	<u>-<u>+</u></u>
	other officer - if directors or officers have not been'. r - if in the hands of a receiver, trustee, or other court	3.
appointed fiduciary by that		C:
appointed fiduciary by that	nederal y j	
Jessica Fierman		<u> </u>
(Typed o	or printed name of person signing)	S.
Director, Secretary	r ·	•

(Title of person signing)