P930000 57655

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CO)RPORA	TION: UNIVERSAL MEI	DICAL CONSULTING	INC
		R:		
		Amendment and fee are sul	bmitted for filing.	
Please return al	li correspo	ndence concerning this mat	ter to the following:	
	CI	AUDIA A DIEGUEZ ABI	REU	
			Name of Contact Pers	son
	U	NIVERSAL MEDICAL CO	NSULTING INC	
			Firm/ Company	
	89	00 N. KENDALL DR STE	208	
			Address	
	M	IAMI, FL 33176		
			City/ State and Zip Co	ode
	U:	NIVERSALMEDICAL199	3@GMAIL.COM	
	-	E-mail address; (to be us	ed for future annual repo	ort notification)
For further info		oncerning this matter, pleas		491-5875
Name of Contact Person			at (Area (Code & Daytime Telephone Number
		ne following amount made		
■ \$35 Filing	Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ame Divi The 241	et Address endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

UNIVERSAL MEDICAL CONSULTING INC

(Name of Corporation as curr	rently filed with the Florida Dept. of Sta	te)
P93000057655		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the	e following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>1:</u>	
name must he distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "F	". A professional corporation name mi	The new hbreviation "Corp.," ist contain the word
B. Enter new principal office address, if applicable:	8900 N. KENDALL DR	207
(Principal office address MUST BE A STREET ADDRESS)	STE 208	1000
	MIAMI, FL 33176	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		٠. ٦. <u>٠</u>
		<i>∴</i>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		<u></u>
Name of New Registered Agent		
(Floria	la street address)	
New Registered Office Address:	, Florid	a (Zip Code)
		·
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am familiaries	gent: liar with and accept the obligations of the	position.

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)

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 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 Doc				
X Remove	$\underline{\mathbf{V}}$	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) X Change	PT	CLAUDIA A DIEGUEZ ABREU	8900 N KENDALL DR			
Add			STE 208			
Remove			MIAMI, FL 33176			
2) X Change	VP	ARISTIDES MARRERO, SR	8900 N KENDALL DR			
Add			STE 208			
Remove 3) Change			MIAMI. FL 33176			
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Remove						

	(Be specific)			
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provisions for implementing the amo	hange, reclassification	on, or cancellation of the interest of the cancellation of the amenda	f issued shares, nent itself:	
f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification endment if not conta	on, or cancellation o ined in the amendn	f issued shares, nent itself:	
provisions for implementing the amo	hange, reclassification endment if not conta	on, or cancellation o tined in the amendn	f issued shares, nent itself:	
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The date of each amendment(s) adoption:	ian the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
09/30/2021 Dated	
Signature Ding	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CLAUDIA A DIEGUEZ ABREU	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	