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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Rosen Medical Center, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Frank A Santos Name of Contact Person Rosen Medical Center, Inc. Firm/ Company 4000 Destination Parkway Address Orlando, FL 32819 City/ State and Zip Code czmuda@rosenhotels.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank A Santos Name of Contact Person		407 at (996-9840		
		Area Code & Daytime Telephone N			
Enc	closed is a check for	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

Rosen Medical Center, Inc.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P95000058254		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbr professional corporation name must	reviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</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 office addr	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	267
Name of New Registered Agent		£22 Å
Name of New Registered Agent		
(Florida stre	pot address)	<u> </u>
(1 to the site		<u> </u>
New Registered Office Address:	, Florida (City)	(Zip Code)
		0
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the pos	silion,
Signature of New Re	egistered Agent, if changing	
Check if applicable		
Succe is 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)

Remove

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.

Example: X Change РΤ John Doe \underline{X} Remove $\underline{\mathbf{Y}}$ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith <u>Title</u> Address Type of Action <u>Name</u> (Check One) 4000 Destination Parkway Asst VP Joshua Rosen 1) Change Orlando, FL 32819 Add __ Remove 2) ____ Change ____ Add Remove 3) Change ___ Add __ Remove 4) ____ Change __ Add Remove 5) ____ Change ____ Add _ Remove 6) ____ Change ____ Add

tach additional sheets, if necessary)	. (Be specific)				
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an amendment provides for an ex rovisions for implementing the an	change, reclassifica	ation, or cancellati	on of issued shares	ع	
(if not applicable, indicate N/A)	ienument ii not coi	ntanicu ii inc a <u>me</u>	nament Hyen:		
(g nor apprecion, marcine (m.))					
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	July 13, 2022	20 0 0 0
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Ju Effective date <u>if applicable</u> :	ly 13, 2022	<u></u>
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	,
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
Board of Directors		
uy	(voting group)	
selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court	
appx	inted fiduciary by that fiduciary)	
	Harris Rosen	
	(Typed or printed name of person signing)	
	COB	
	(Title of person signing)	

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