## 799000053142

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Amend Name Ch8

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:   | ARGENTINA B                       | RITO, M.D., P.   | Α.                            |  |  |
|--|-----------------------------------|--|-------------------------------|--|--|
| DOCUMENT NUMBER:   | P98000053142                      |  |                               |  |  |
| The enclosed Articles of Amenda  | nent and fee are st               | ıbmitted for filir   | ıg.                           |  |  |
| Please return all correspondence   | concerning this ma                | atter to the follow  | wing:                         |  |  |
| Karen M  | ontas, Esq.                       |  |                               |  |  |
|  | Name of Contact Person            |  |                               |  |  |
| Johnson & Montas, P.A.   |                                   |  |                               |  |  |
|  | Firm/ Company                     |  |                               |  |  |
| 1290 US Highway 1  |                                   |  |                               |  |  |
| Address  |                                   |  |                               |  |  |
| Rockledge, FL 32955  |                                   |  |                               |  |  |
|  | City/ State and Zip Code          |  |                               |  |  |
| kmontas@jbc  | law.com                           |  |                               |  |  |
| E-mai  | l address: (to be us              | sed for future an  | nual report                   | notification)  |  |
| For further information concernin  | g this matter, pleas              | se call:   |                               |  |  |
| Karen M. Montas  |                                   | at (_  | 321                           | 636-9600   |  |
| Name of Contact Person   |                                   |  | Агеа Сос                      | de & Daytime Telephone Number  |  |
| Enclosed is a check for the follow   | ring amount made p                | payable to the F   | lorida Depa                   | rtment of State:   |  |
|  | 75 Filing Fee & ificate of Status | □\$43.75 Filia<br>Certified Co<br>(Additional<br>enclosed) | эру                           | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL | etion<br>porations                |  | Amenda<br>Division<br>Clifton | Address ment Section n of Corporations Building kecutive Center Circle                 |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## ARGENTINA BRITO, M.D. P.A.

| (Name  | of Corporation as curren     | tly filed with the Florida | Dept. of State)                       | 1711           |           |
|--|------------------------------|----------------------------|---------------------------------------|----------------|-----------|
|  | P9800005                     | 3142                       |                                       |                |           |
|  | (Document Number of          | of Corporation (if known)  |                                       |                | ·         |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | 1006. Florida Statutes, this | s Florida Profit Corporal  | tion adopts the follow                | ving amendme   | :nt(s) to |
| A. If amending name, enter the new m   | nne of the corporation:      |                            |                                       |                |           |
| ARGENTINA BRITO, M.D., INC.  |                              |                            |                                       | The new        |           |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or      | "Co". A professional co    | corporated" or the orporation name mu | abbreviation   |           |
| B. Enter new principal office address,   |                              |                            |                                       |                |           |
| (Principal office address <u>MUST BE A S</u>   | TREET ADDRESS )              |                            |                                       |                |           |
|  |                              |                            |                                       |                |           |
|  |                              | ·                          |                                       | 202C           |           |
| C. Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)  |                              |                            | <br>• :                               |                |           |
| (  | 7771CB 2011)                 |                            |                                       | 1              |           |
|  |                              |                            |                                       |                | įΓ.       |
|  |                              | <del></del>                |                                       | <u> </u>       | <u> </u>  |
| D. If amending the registered agent an<br>new registered agent and/or the new  |                              |                            | e name of the                         | AH 8: 50       |           |
| Name of New Registered Agent   | Karen Montas, Esq.           |                            |                                       |                |           |
|  | 1290 US Highway 1            | ,                          |                                       | ·              |           |
|  | (Florida str                 | reet address)              |                                       |                |           |
| New Revistered Office Address:   | Rockledge                    |                            | Florida 32955                         | 5              |           |
|  |                              | (City)                     |                                       | p Code)        |           |
| New Registered Office Address:   |                              |                            | , Florida                             |                |           |
| New Registered Agent's Signature, if ch<br>I hereby accept the appointment as registe                                |                              |                            | ations of the position                | ı.             |           |
|  | Smorte                       | ે                          |                                       | - <del>-</del> |           |
|  | Motte                        | Cegistered Agent, if chang |                                       |                |           |

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)

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             | <u>PT</u>    | John Doe                              |                           |  |  |
|-------------------------------|--------------|---------------------------------------|---------------------------|--|--|
| X Remove                      | <u>v</u>     | Mike Jones                            |                           |  |  |
| X Add                         | <u>sv</u>    | Sally Smith                           |                           |  |  |
| Type of Action<br>(Check One) | <u>Title</u> | Name                                  | <u>Addres</u> s           |  |  |
| 1) Change                     | PTD          | Adriana Albornoz                      | 2070 S. Military Trail    |  |  |
| _xAdd                         |              |                                       | Suite 106                 |  |  |
| Remove                        |              |                                       | West Palm Beach, FL 33415 |  |  |
| 2) Change                     | VPD          | Argentina Brito, M.D.                 | 2070 S. Military Trail    |  |  |
| Add                           |              |                                       | Suite 106                 |  |  |
| Remove                        |              |                                       | West Palm Beach, FL 33415 |  |  |
| 3) Change                     | VP           | Jose Montas                           | 2070 S. Military Trail    |  |  |
| Add                           |              | · · · · · · · · · · · · · · · · · · · | Suite 106                 |  |  |
| Remove                        |              |                                       | West Palm Beach, FL 33415 |  |  |
| 4) Change                     |              |                                       |                           |  |  |
| Add                           |              |                                       |                           |  |  |
| Remove                        |              |                                       |                           |  |  |
| 5) Change                     |              |                                       |                           |  |  |
| Add                           |              |                                       | ·                         |  |  |
| Remove                        |              |                                       |                           |  |  |
| 6) Change                     |              |                                       |                           |  |  |
| Add                           |              |                                       |                           |  |  |
| Кетоус                        |              |                                       |                           |  |  |

|                               | r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific) |
|-------------------------------|--|
|                               | hereby deleted and replaced with the following:  |
|                               |  |
| ARTICLE VI                    | PURPOSE  |
| The purpose for               | which this corporation is organized is:  |
| TO OPERATE                    | A MEDICAL PRACTICE; AND ANY AND ALL OTHER LAWFUL BUSINESS.                                   |
|                               |  |
|                               |  |
| ~                             |  |
|                               |  |
| ·····                         |  |
|                               |  |
| <del></del>                   |  |
|                               |  |
|                               |  |
|                               |  |
| <del></del>                   |  |
|                               |  |
| If an amendme                 | nt provides for an exchange, reclassification, or cancellation of issued shares,             |
| provisions for<br>(if not app | implementing the amendment if not contained in the amendment itself: licable, indicate N/A)  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |

| The date of each amendment(s) date this document was signed.       | adoption:   | , if other than the     |
|--|---|-------------------------|
| Effective date if applicable:                                      |   |                         |
| in applicable.   | (no more than 90 days after amendment file date)  |                         |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requirements, this date wi<br>Department of State's records.  | Il not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                         |
| The amendment(s) was/were a by the shareholders was/were           | adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.   |                         |
| ☐ The amendment(s) was/were a must be separately provided j        | approved 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  | ast for the amendment(s) was/were sufficient for approvai   |                         |
| by   |   |                         |
|  | (voting group)  |                         |
| ☐ The amendment(s) was/were a action was not required.             | idopted by the board of directors without shareholder action and shareholder  |                         |
| ☐ The amendment(s) was/were a action was not required.             | dopted by the incorporators without shareholder action and shareholder  |                         |
| 01/02/20<br>Dated  | 20  |                         |
| Signature  | M Britoms   |                         |
| selec  | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |                         |
|  | Argentina Brito, M.D.   |                         |
|  | (Typed or printed name of person signing)   | <del></del>             |
|  | President and Sole Director   |                         |
|  | (Title of person signing)   | <del></del>             |