P98000068894

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

NAME OF CORPORATION: L.E. R. G. HUdi'cal On C DOCUMENT NUMBER: P980000 (8894)			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Ivan Bejerano			
L. E. R. O. Medical Mc	~		
7221 Coral way \$ 206	_		
Miami asis	_		
City/ State and Zip Code	_		
NIA			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:	SECTION	16 J.M.	Extra al-
TVA BEJEIANO at (774), U52 9680 Name of Contact Person Area Code & Daytime Telephone Number		[2] [2]	3, 40 5
Name of Contact Person Area Code & Daytime Telephone Number	er .	#I	
Enclosed is a check for the following amount made payable to the Florida Department of State:		53 63	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)	`# *		

TO: Amendment Section

Division of Corporations

Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

1 = 7 /	la disa di A. C.
L. E. L. 6	really mo
	on as currently filed with the Florida Dept. of State)
	0000 611 94
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	PRESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	*** (n
•	-
	De Charles C.
D. If amanding the varietaned agent and/or register	od office address in Florida and the
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new	
Name of New Registered Agent	
Name of New Registered Agent	- N
	(Florida street address)
	•
New Registered Office Address:	(City) , Florida (Zip Code)
	(2.7)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signa	ature of New Registered Agent, if changing

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: XChange	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One) 1) Change Add Remove	Title Name VP D192, Greter	Address 7221 Way Suite 204 MIGMIN 3315
2) Change Add Remove		
3) Change Add Remove		
4) Change Add Remove		
5) Change Add		
Remove 6) Change Add Remove		

	z additional Arti ts, if necessary).	(Be specific)			
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	of each amendment(s) adoption:	01/08/	2015	, if other than the
	date if applicable:	01/08	12015	
	(no mot	re than 90 days after o	mendment file date)	
Note: If documen	the date inserted in this block does not meet t's effective date on the Department of State's re	he applicable statutor cords.	y filing requirements, this	date will not be listed as the
Adoption	of Amendment(s) (CHECK ON	(E)		
The ar	nendment(s) was/were adopted by the sharehold shareholders was/were sufficient for approval.	lers. The number of v	otes cast for the amendme	nt(s)
	nendment(s) was/were approved by the shareho be separately provided for each voting group en			zment
•	The number of votes cast for the amendment(s)	was/were sufficient for	or approval	
1	y(voting group		.**	
	(voting group	p)		
☐ The ar	nendment(s) was/were adopted by the board of a was not required.	directors without share	cholder action and shareho	older
☐ The araction	nendment(s) was/were adopted by the incorpora was not required.	tors without sharehold	der action and shareholder	
	DatedOl O O	LOIS		TO S
	(By a director, president op o	ther officer - if direct	ors or officers have not be	en to the
	selected, by an incorporator		eceiver, trustee, or other c	ourt 📆 🕁 🖺
	appointed fiduciary by that fi	iduciary)		دیار فکس پور سورځ شم <mark>ی</mark> چاپ
		printed name of person	erano	:: :: :: : : : : : : : : : : : : : : :
	(Typed or	printed name of perso	on signing)	'& '
	ρ	resident		
	V	(Title of person sign	ning)	