591054

(Re	equestor's Name)	_	
(Ac	ddress)	_	
(Ac	ddress)	_	
(Ci	ity/State/Zip/Phone #)	_	
PICK-UP	WAIT MAIL		
(Bı	usiness Entity Name)	_	
(Document Number)			
Certified Copies	Certificates of Status	_	
Special Instructions to Filing Officer:			

Office Use Only



200274033422

06/22/15--01034--018 **35.00



JUN 3 0 2015 C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RAMON G	UTIERREZ MD	PA	(1) (4) (1) (4) (1) (4)		
DOCUMENT NUM	S01054		:	一年一日本		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	RAMON GUTIER	REZ				
		Name of Contact Person	1			
	RAMON GUTIER	REZ MD PA				
		Firm/ Company				
	3900 N.W. 79 AVENUE # 500					
		Address				
	DORAL, FLORID	A 33166				
		City/ State and Zip Cod	e			
RA	MONGUTIERREZ	ZMDPA@GMAII	COM			
		sed for future annual report				
For further informatio	n concerning this matter, pleas	e call:				
RAMON GU	TIERREZ	at (305	, 606-0582			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Street	Address			
	endment Section		Iment Section			
Div	ision of Corporations	Divisio	on of Cornorations			

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

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

Articles of Amendment

Articles of Ame to		5 7	
Articles of Incor of	poration		
RAMON GUTIERREZ MD PA		22	
(Name of Corporation as currently filed with the Flor	ida Dept, of State)		
S91054		8: 33 	
(Document Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adop	its the following 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," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P	". A professional corporation	ted" or the abbreviation on name must contain the	
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 MAY BE A POST OFFICE BOX)			
(maining data cas MAT DE ATOST OTTICE DOA)			
			
D. If amonding the registered exect and/or registered office address	- in Florida outer the name		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Fiorida, enter the name (or the	
Name of New Registered Agent			
(Florida street	address)		
New Registered Office Address:	. Florida		
(City)	, 1 101144	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations o	f the position.	

Signature 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VS		VIVIAN GUTIERREZ	6870 CORAL WAY
Add				MIAMI, FLORIDA 33155
Remove				
2) Change		-		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
	1 / 3
	_/
	/
/	,
f an amandment provides for an ave	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption	on: 04/29/2015	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated_05/28/2015		
Signature	Gutuny MD.	
selected, by	r, president or other officer—if directors or officers have not been an incorporator—if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
RAI	MON GUTIERREZ	
	(Typed or printed name of person signing)	
PRI	ESIDENT	
	(Title of person signing)	