## 546993

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORP	PORATION: Mark W Gordon M	MD PA			
DOCUMENT NU	5.44.0002				
The enclosed Articl	les of Amendment and fee are su	ibmitted for filing.			
Please return all co	rrespondence concerning this ma	atter to the following:			
	Mark W Gordon				
		Name of Contact Perso	n		
Mark W Gordon MD PA					
	Firm/ Company				
2301 N University Drive Suite 203					
Address					
Pembroke Pines, Florida, 33024-3617					
City/ State and Zip Code					
	markgordonmd@bellsouth.n	et			
	E-mail address: (to be u	sed for future annual report	notification)	S 28	
For further informa	tion concerning this matter, plea	se call:		STOKEN D	1
Mark W Gordon		305	331-3234		
Name of Contact Person		at ( 305 ) 331-3234 Area Code & Daytime Telephone Number			*****
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	PH 3: 15	
<b>\$35</b> Filing Fee	S43.75 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)	ţ f ·	
A	Tailing Address           unendment Section           Division of Corporations	Ameno	Address Iment Section on of Corporations		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

to

Mark W Gordon, MD PA

Mark W Gordon, MD PA		<del></del> -	
	oration as currently filed with the Florida Dept. of State	)	
546993	Nint Column		
(1)(	ocument Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Flo ts Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the fo	ollowing amen	idmen
A. If amending name, enter the new name of the	he corporation:		
	d "corporation," "company," or "incorporated" or the abb Inc," or "Co". A professional corporation name must bbreviation "P.A."		rp"
B. Enter new principal office address, if applic	able:		_
Principal office address <u>MUST BE A STREET</u> .	ADDRESS )		
			_
			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(BOX)		
· · · · · · · · · · · · · · · · · · ·			
			_
	40-4		~~
	istered office address in Florida, enter the name of the	50	
new registered agent and/or the new registe	red office address:		193 JUN 20
Name of New Registered Agent		<del></del> <u></u>	2
		<del></del>	T A
	(Florida street address)	第1章。 第1章。	- 조 - 오
New Registered Office Address:	, Florida_		
	(City)	יניו Codeקיו (ייי	O
New Registered Office Address:		Zip Coderi	
New Registered Agent's Signature, if changing	Danistarad Ament		
hereby accept the appointment as registered age.	nt. I am familiar with and accept the obligations of the po	sition.	
	Warrature of New Projectored to me it it is		
	мунаште од меж кодимства Адет, у спануту		
Check if annlicable	Signature of New Registered Agent, if changing		

☐ 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)

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 (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Sandi-Jo Gorson Gordon	2600 Island Blvd
Add			Apt 402
x Remove			Aventura, Fl 33160
2) Change	V	Andrea Gordon Cote	2 Beth Lane
x Add			Hampton Bays
Remove Change			New York, 11946
Add Remove			24 JUH 20
4) Change			
Add Remove			77 G
5) Change			
Add			
Remove 6) Change			
Add			
Remove			

<b>f amending or adding additional Article</b> Attach <i>additional sheets, if necessary).</i> (	(Be specific)	
		<del></del>
		<u>5</u>
		TVI ECt
f an amendment provides for an exchan	ge, reclassification, or cancellation of issued shares,	$=\hat{\mathbf{f}}$
provisions for implementing the amend	ment if not contained in the amendment itself:	27
(if not applicable, indicate N/A)		12.0
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action	n and shareholder
■ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(sufficient for approval.	)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court red fiduciary by that fiduciary)  Mark W Gordon  (Typed or printed name of person signing)  P  (Title of person signing)	SECKUL SEE FL