P03000122657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

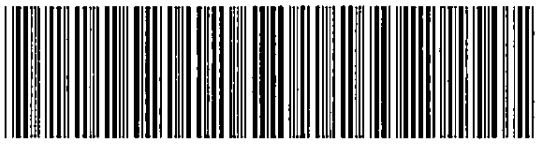
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FW 8-25

METROMIAMI
OB GYN ASSOCIATES

August 11. 2025

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee. FL 32314

To Whom It May Concern:

RE: Correction to Company Name in Articles of Amendment- Tax ID - 04-3778608

6. The IRS system did not accept the business name with the ***slash*** in OB/GYN; therefore. it was entered with a ***dash*** OB-GYN. This difference is causing insurance companies to request that our W-9 form match the name and Tax ID number as reflected with the IRS. For consistency and correctness. please correct the company name with the changes below to be reflected in the Articles of Amendment to the Articles of Incorporation.

:

From: METRO-MIAMI OB/GYN ASSOCIATE. P.A.

To: METRO-MIAMI OB-GYN ASSOCIATES PA (see attached IRS Taxpayer ID letter)

Applicable documents to support this change are attached.

IRS letter showing the tax identification 04-3778608 and the company name as: METRO-MIAMI OB-GYN ASSOCIATES PA

If there are any questions. please contact the office at the number listed below.

Sincerely.

Ata Atogho. M.D. FACOG – President

Enc:

100 NW 170th Street - Suite 304 North Miami Beach. FL 33169
Telephone: 305-653-4105 - Fax: 305-652-3566 Website: www.metro-miamiobgyn.com

Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0046

In reply refer to: 0423687890
Feb. 15, 2018 LTR 252C 0
04-3778608 000000 00
00005983
BODC: SB

METRO-MIAMI OB-GYN ASSOCIATES PA
100 NW 170TH ST STE 304
N MIAMI BEACH FL 33169-5511

016410

Taxpayer Identification Number: 04-3778608

Dear Taxpayer:

Thank you for the inquiry dated Dec. 26, 2017.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( )_____ Hours_____

Sincerely yours,

Shane M. Painter
Dept. Manager, Entity

Enclosure(s):
Copy of this letter

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: METRO-MIAMI OB/GYN ASSOCIATES, P.A.

DOCUMENT NUMBER: P03000122657

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ATA ATOGHO, MD
Name of Contact Person

METRO-MIAMI OB-GYN ASSOCIATES P.A.
Firm/ Company

100 NW 170TH ST STE 304
Address

NORTH MIAMI BEACH, FL 33169-5511
City/ State and Zip Code

AATOGHO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ATA ATOGHO at (301) 523-5951
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

METRO-MIAMI OB/GYN ASSOCIATES, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000122657

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

METRO-MIAMI OB-GYN ASSOCIATES P.A.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

_____
(Florida street address)

New Registered Office Address: _____, Florida _____
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

Check if 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)

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
2) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
3) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
4) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
5) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
6) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____

E. **If amending or adding additional Articles, enter change(s) here**:
(Attach *additional sheets, if necessary*). *(Be specific)*

F. **If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
(*if not applicable, indicate N/A*)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated AUGUST 8, 2025

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ATA ATOGHO, MD
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)