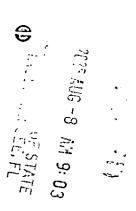
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Stary Frankel M.D. D.A.				
DOCUMENT NUMBER: P0600113675				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Stacy Frankel Name of Contact Person				
Firm/Company (G451 W. Commodial Blvd.				
Address Tanarac, FL 333) 9 City/ State and Zip Code				
E-mail address: (to be used or future annual report notification)				
For further information concerning this matter, please call:				
Stacy Frankel at (954) 6520246 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:				
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				

Articles of Amendment

to

Articles of Incorporation of

Stacy Franke	I M.D., P. A.
(Name of Corporation as currently	filed with the Florida Dept. of State)
PO6000113675	-
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	·
4. If amanding name arrival	
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "co "Inc" or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6451 W. Commocial Blut
,	Tamara, FL 333] 9
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6451 W. Compocial Blud
(Maning address MAT BE A PUST OFFICE BUA)	Tamarac, FL 33319
D. If amending the registered agent and/or registered office addre	oce in Florida, enter the name of the
new registered agent and/or the new registered office address:	33 III 2 1011 GB, Editor the Same of the
	Frankel
(645) W (Florida stre	Commocial Blvd.
New Registered Office Address: Tamara	City) , Florida 3331 9
New Registered Agent's Signature, If changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
<i>D</i> 4	M &
Signature of New Re	gistered Agent, if changing
Check if applicable	
The amendment(s) is/are being filed nursuant to s. 607.0120 (11) (c	1), r.3.

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	i			
_X Add	<u>\$V</u>	Sally Smith	1	W.		
Type of Action (Check One)	Title	<u>Na</u>	_{ime} }	114		Address
1) Change						
Add						
Remove					-	
2) Change						
Add						
Remove 3) Change					<u>-</u>	
Add						
Remove					_	
4) Change						
Add					_	
Remove					_	
5) Change		<u> </u>				
Add						
Remove					-	
5) Change						
Add					_	
Remove						

(Attach additional sheet	g additional Articles, enter change(s) here: ss. if necessary). (Be specific)
	MIX.
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 If an amendment provisions for imples 	vides for an exchange, reclassification, or cancellation of issued shares, menting the amendment if not contained in the amendment itself; indicate N/A)
(if not applicable,	Indicate N/A)
	The state of the same of the s
A Company of the Comp	
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The date of each amendment(e) 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 the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the e Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder adopted by the shareholders. The number of votes cast for the amendment(s)
by the shareholders was/wer	re sufficient for approval.
	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 of	for each voting group entitled to vote separately on the amendment(s):
bỳ	φ · · · · · · · · · · · · · · · · · ·
-	(voting group)
Dated	8/1/2025
Signature(By	a director, president or other officer - Af directors of officers have not been
sele	octed, by an incorporator — if in the hands of a receiver, trustee, or other court on inted fiduciary by that fiduciary)
	Stocy Franke
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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