

P21 000006984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

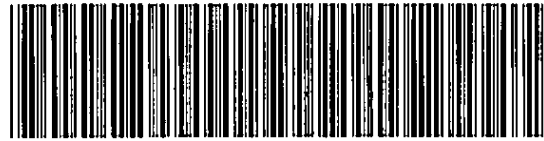
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Section E

Office Use Only



400389918794

N/C & Amend

06/27/22--01013--001 **35.00

FILED
2022 JUN 27 AM 11:02

A. RAMSEY

OCT 21 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2022

CHRISTINA SISLER
298 SKIFF RD
CLEARWATER, FL 33756

SUBJECT: ALTRUISTIC MEDICAL ACADEMY, INC
Ref. Number: P21000006984

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A fictitious name cannot be amended with an amendment to the articles of incorporation. The words in section E must be erased. A check or money order for \$50 must be sent in for the new fictitious name registration to be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

JEARLD H QUICK
Document Specialist

Letter Number: 922A00020932



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2022

CHRISTINA SISLER
1235 PARK ST
CLEARWATER, FL 33756

SUBJECT: ALTRUISTIC MEDICAL ACADEMY, INC
Ref. Number: P21000006984

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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JEARLD H QUICK
Document Specialist

Letter Number: 922A00020932

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Altruistic Medical Academy

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Christina Sisler

Name of Contact Person

Altruistic Medical Academy

Firm/ Company

1253 Park St

Address

Clearwater, FL 33756

City/ State and Zip Code

Christina.s@altruisticma.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Sisler

269

274-7410

at (_____) _____

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

Altruistic Medical Academy, Inc

FILED

(Name of Corporation as currently filed with the Florida Dept. of State) 2008 JUN 27 AM 11:02

(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:

Altruistic Academy, Inc

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**)

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

☒ 1) Change

CEO
Chairman of
the Board

Christina Sisler

1253 Park St, Clearwater, FL 33756

☐ Add

☐ Remove

☒ 2) Change

COO
Board Member Douglas W. Peterson

824 Island Way
Clearwater Beach, FL 37767

☐ Add

☐ Remove

☐ 3) Change

☐ Add

☐ Remove

☐ 4) Change

☐ Add

☐ Remove

☐ 5) Change

☐ Add

☐ Remove

☐ 6) Change

☐ Add

☐ Remove

(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)

6/22/22

The date of each amendment(s) adoption: _____, if other than the date this document was signed: 6/22/22

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 incorporators
(voting group)"

6/22/22

Dated _____

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)

Christina Sisler
(Typed or printed name of person signing)

President

(Title of person signing)