P950000 10569

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

J 2/12/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR | RATION: MARTHA RODR | IGUEZ, M.D., P.A. | | | |
|--------------------------|--|---|---|--|--|
| DOCUMENT NUME | BER: P95000010569 | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corres | spondence concerning this ma | tter to the following: | | | |
| | PAUL LABINER | | | | |
| | | Name of Contact Persor | 1 | | |
| | LAW OFFICE OF PAUL LABINER | | | | |
| | Firm/ Company | | | | |
| | 5499 NO FEDERAL HWY., | SHITE K | | | |
| | 2 1 2 7 7 1 62 1 624 2 661 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Address | | | |
| | BŌCA RATON, FLORIDA | 22197 | | | |
| | DOCA RATON, FLORIDA | City/ State and Zip Code | <u> </u> | | |
| | | Cityr State and Elp Cour | | | |
| | PAUL@PLABINERESQ.CC | DM . | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further information | n concerning this matter, pleas | se call: | | | |
| PAUL LABINER | | at (561 | , 998-2362 | | |
| Name (| of Contact Person | Area Co |) 998-2362 de & Daytime Telephone Number | | |
| Enclosed is a check fo | r 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) | | |
| Ame Divi P.O. | ling Address Indigent Section Ission of Corporations Box 6327 Ishassee, FL 32314 | Amend Divisio The Co | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 | | |

Articles of Amendment to Articles of Incorporation of

FigeD

| | to Articles of Incorporation | |
|--|--|---|
| | of | 2022 NOV 17 AM II: 01 |
| MARTHA RODRIGUEZ, M.D., P.A. | annation as appearable filed with the Flowid | n Dant of State) |
| (Same of Corp | poration as currently filed with the Florid | TALL MARKET |
| | Document Number of Corporation (if known | |
| (1 | Jocument Number of Corporation (if knowr | 11 |
| Pursuant to the provisions of section 607,1006. Its Articles of Incorporation: | Florida Statutes, this <i>Florida Profit Corpora</i> | tion adopts the following amendment(s) to |
| A. If amending name, enter the new name of | the corporation: | |
| | | Thenew |
| name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the | "Inc," or "Co". A professional corpora | rated" or the abbreviation "Corp." tion name must contain the word |
| B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREET</u> | | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u> | <u></u> | |
| | | |
| D. If amending the registered agent and/or ronew registered agent and/or the new registered agent and/or registered agent ag | | he name of the |
| Name of New Registered Agent | | |
| | - | |
| | (Florida street address) | |
| | 7 10 10 10 10 10 10 10 10 10 10 10 10 10 | |
| New Registered Office Address: | (City) | , Florida (Zip Code) |
| | · · · · · · · · · · · · · · · · · · · | Tage Come |
| | | |
| New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag | g Registered Agent: gent - I am familiar with and accept the obli | gations of the position. |
| | | |
| | Signature of New Registered Agent, if cham | nging |
| | • | |
| 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; \hat{V} = Vice President: \hat{T} = Treasurer; \hat{S} = Secretary; \hat{D} = Director; $\hat{T}R$ = Trustee; \hat{C} = Chairman or Clerk; $\hat{C}EO$ = Chief Executive Officer; $\hat{C}EO$ = 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) | Title | Name | <u>Addres</u> s |
| 1) Change | sv | NATALIE PEREZ-MENDEZ, M.D. | 2015 OCEAN DRIVE |
| X Add | | | #11 |
| Remove | | | BOYNTON BEACH, FL 33426 |
| 2) X Change | PT | MARTHA RODRIGUEZ, M.D. | 2015 OCEAN DRIVE |
| Add | | | #11 |
| Remove 3) Change | | | BOYNTON BEACH, FL 33426 |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | Stock is hereby amended as follows: |
|--------------------------------|---|
| | |
| a. The maximum n | umber of shares of stock that the corporation is authorized to have outstanding at any time |
| shall be One (1) sha | are of common stock voting, no par value |
| Ninety-Nine (99) sl | nares of common non-voting, no par value. |
| | |
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| | |
| | |
| | it provides for an exchange, reclassification, or cancellation of issued shares, |
| provisions for | implementing the amendment if not contained in the amendment itself: icable, indicate N(A) |
| provisions for (if not appl | mplementing the amendment if not contained in the amendment itself: |
| provisions for (if not appl | mplementing the amendment if not contained in the amendment itself: |
| provisions for (if not appl | mplementing the amendment if not contained in the amendment itself: |
| provisions for (if not appl | mplementing the amendment if not contained in the amendment itself: |
| provisions for (if not appl | mplementing the amendment if not contained in the amendment itself: |
| provisions for | mplementing the amendment if not contained in the amendment itself: |
| provisions for (if not appl | mplementing the amendment if not contained in the amendment itself: |

| The date of each amendment(s | adoption: JANUARY 1, 2021 | if other than the |
|--|--|--|
| date this document was signed. | | |
| Effective date if applicable: 1 | ANUARY 1, 2022 | |
| | (no more than 90 days after amendment file | e date) |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory tiling required Department of State's records. | rements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were action was not required. | adopted by the incorporators, or board of directors without s | shareholder action and shareholder |
| ■ The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes east for to sufficient for approval. | the amendment(s) |
| | approved by the shareholders through voting groups. The fa- for each voting group entitled to vote separately on the ame | |
| "The number of votes c | ast for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| Dated <u>9/22/202</u> Signature | | |
| (By) | director, president or other officer – if directors or officers eted, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary) | |
| | MARTHA RODRIGUEZ, M.D. | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT/DIRECTOR | |
| | (Title of person signing) | |