PO900003363

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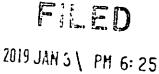
COVER LETTER

TO: Amendment Section Division of Corporations

•

NAME OF CORPORATIO	N:The Condo Clinic,	P.A.			
DOCUMENT NUMBER: P09000003363					
The enclosed Articles of Ame	<i>indment</i> and fee are sul	bmitted for filing.			
Please return all corresponder	nce concerning this mat	ter to the following:			
Mary A	Ann Ruiz				
		Name of Contact Person	1		
The Co	ondo Clinic, P.A.				
		Firm/ Company			
201 Al	hambra Circle, Suite 1:	• •			
		Address			
Coral C	Jables, FL 33134				
		City/ State and Zip Code			
maryann.ruiz	(@thecondoclinic.com				
		ed for future annual report	notification)		
For further information conce	rning this matter, pleas				
Mary Ann Ruiz		305 at (669-0114 _)		
Name of Conta	act Person	Area Cor	de & Daytime Telephone Number		
Enclosed is a check for the fol	llowing amount made p	payable to the Florida Depa	rtment of State:		
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation



of The Condo Clinic, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P090000003363 (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: Mary Ann Ruiz, P.A. 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: (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.

Page 1 of 4

Signature of New Registered Agent, if changing

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 Doc 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 Doc, 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	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add		Ü	
Remove			
3.) Change			
Add		1	
Remove			
4) Change			
Add	_		
Remove			
5) Change	<u>-</u>		
Add			
Remove			
6) Change		- <u> </u>	
Add		ì	
Remove			

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)		(Be specific)
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The date of each amendment		, if other than the
date this document was signed. Effective date if applicable:	February 1, 2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendme ere sufficient for approval.	m(s)
	re approved by the shareholders through voting groups. The following state of for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	older
action was not required. Dated Signature (F	by a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	<u></u> en
	(Typed or printed name of person signing)	
	PVeSi dent (Title of person signing)	