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SECRETARY OF STATE
FALL AHASSEE FLORID:

APR 27 2070

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Ardrew M. Leman, P.A.				
DOCUMENT NUMBER: PISCOODS1527				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
Shidott Recer UP Firm/ Company				
1031 D. Miumi Beach Blud.				
North Mium: Beach, 1-L 33/62 City/ State and Zip Code				
E-mail address: (1) be used for future annual report notification)				
For further information concerning this matter, please call:				
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 Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (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 810				

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

of	
Andrew M. Lerman MD ?	<i>,</i>
(Name of Corporation as currently filed with the Florida Dept. of	of State)
P15000051527	
(Document Number of Corporation (if known)	·
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adoptits Articles of Incorporation:	ots the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name	
"chartered," "professional association," or the abbreviation "P.A."	22
B. Enter new principal office address, if applicable:	33.7
(Principal office address MUST BE A STREET ADDRESS)	AR APR
	
	
C. Enter new mailing address, if applicable:	And And L
(Mailing address MAY BE A POST OFFICE BOX)	<u>5</u>
	07 (ib)
	
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	of the
)
Name of New Registered Agent Shidotti 1387Cr LCP	,
Name of New Registered Agent Chidotti Begar LCP 103(N. M. am. Beach Blue (Florida street address)	<u>d</u>
•	
New Registered Office Address: North Minni, Beach F	lorida 33/62
(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	f 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 Aftike 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:	c, tine ou	ny omini, or tis tin ritia.		
X Change	<u>PT</u>	John Doe		DZD APR 24 SECRETAR ALLAHASS
X Remove	<u>V</u>	Mike Jones		R 24
X Add	<u>sv</u>	Sally Smith		ini y>
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	M 8: 07 FSTATE FLORID
1) Change				
Add				
Remove			-	 ,
2) Change				-
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				····
Add				
Remove				<u>. </u>
6) Change				
Add				
Remove				

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
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	AHAS
	3SE 1.2.1
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	(*) (*)
provisions for implementing the amendment if not contained in the amendment itself:	(四) (1)
(if not applicable, indicate N/A)	
	GAIR ORID ORID
	<u> </u>
	_
	_

The date of each amendment(s) adop	tion:	, 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 document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	by the shareholders. The number of votes east for the amendment(s) tent for approval.	
	ed by the shareholders through voting groups. The following statement is the voting group entitled to vote separately on the amendment(s):	2020 APR 24 SECRETARY
	the amendment(s) was/were sufficient for approval	724 724
by	(voting group)	
Dated U.	20.2070	1 8: 07
Signature	B	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
	(Typed or printed name of porson signing)	
	(Typed of printed name of person signing)	
	(Title of oterson signing)	· -