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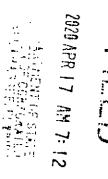
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APR 2 8 2020 S. YOUNG

## **COVER LETTER**

Division of Corporations Anand D.M. DP.A Snarmilla NAME OF CORPORATION: \_ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sharmilla Anand
Name of Contact Person Sharmilla Anand D. M.D P.A. 1601 SAN MARCO BLUD JACKSONVILLE FL 32207
City/ State and Zip Code Sharmilla. a a gmail · com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □\$43.75 Filing Fee & S35 Filing Fee **□\$43.75** Filing Fee &

Certified Copy

enclosed)

(Additional copy is

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certificate of Status

Certified Copy

is enclosed)

(Additional Copy

## Articles of Amendment Articles of Incorporation

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	166-	0	

(Name of Corporation as currently filed with the Florida Dept. of State)

SHAL MILLA	ANAND D.M.	D P.A The
me must be distinguishable and contain the word "co nc.," or Co.," or the designation "Corp." "inc." chartered." "professional association," or the abbre	orporation," "company," or "incorp " or "Co". A professional corpo	porated" or the abbreviation "Cor
Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>		2020
		APR
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. If amending the registered agent and/or register new registered agent and/or the new registered agent.		r the name of the
new registered agent and/or the new registered		
new registered agent and/or the new registered	office address:	
new registered agent and/or the new registered	(Florida street address)  (City)	
Name of New Registered Agent  New Registered Office Address:	(Florida street address)  (City)	r the name of the , Florida
Name of New Registered Agent  New Registered Office Address:  ew Registered Agent's Signature, if changing Reg	(Florida street address)  (City)	r the name of the , Florida

Check if applicable
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{Y}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>N</u> ame	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

(Attach additional sheets,	if necessary). (Be s	nter change(s) h pecific)			
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. If an amendment provid	des for an exchange,	reclassification,	or cancellation o	fissued shares,	
provisions for impleme (if not applicable, it	enting the amendmen	it il not contain	ed in the amendm	ent itseit:	
(ij noi applicante, ii	naicaie (NA)				
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The date of each amendment(s) ac	loption:	, 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 b document's effective date on the Do	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehold	der action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amen flicient for approval.	dment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(	statement s):
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	υο °[ο	
,	(voting group)	
Signature	Shamulla Landier officer - if directors or officers have no	nt been
selecte	d, by an incorporator - if in the hands of a receiver, trustee, or oth	
appoin	ed fiduciary by that fiduciary)	
	SHARMILLA HVAND	
	(Typed or printed name of person signing)	
	OWNER (100%)	
	(Title of person signing)	

. . . . . .