603267

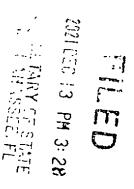
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{B}{-}$	ERGER & MILI	LER, P.A.				
DOCUMENT NUMBER: 60326						
The enclosed Articles of Amendme		abmitted for filing.				
Please return all correspondence co	ncerning this ma	atter to the following:				
DANIEL BI	ENSIMON					
	Name of Contact Person					
DOROT & I	DOROT & BENSIMON PL					
	Firm/ Company					
2000 GLAD	2000 GLADES ROAD, SUITE 312					
	Address					
BOCA RAT	ON, FL 33431					
		City/ State and Zip Code	2			
DBENSIMON@DOROTBENSIMON.COM						
E-mail a	ıddress: (to be u	sed for future annual report	notification)			
For further information concerning	this matter, plea		219 4047			
DANIEL BENSIMON		at (_) 218-4947			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following	g amount made	payable to the Florida Depa	artment of State:			
_	5 Filing Fee & icate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810			

Articles of Amendment to Articles of Incorporation of

BERGER & MILLER PA

(Name of Corporation as currently	filed with the Florida Dept. of State)
603267	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: MK Surgical Solutions P.A.	
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	Thenew ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
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)	2021 C 3 FE
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ess in Florida, enter the name of the mos w
(Florida stre	et address)
New Registered Office Address:(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Re	ith and accept the obligations of the position. gistered Agent, if changing
	Sures and Committee of the Committee of
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (a	o) FS

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
and the ame	
(if not applicable, indicate N/A)	

The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
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 Department.	does not meet the applicable statutory filing requirements, the nent of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholde	er action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendent for approval.	ment(s)
	d by the shareholders through voting groups. The following so voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
Dated	2021	
selected, by	r, president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or other duciary by that fiduciary)	been r court
ROB	BERT J. MILLER	
	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	