640849

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | dress) | <u> </u> | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SEGRETARY OF SAIC DIVISION OF CORPORATIONS

C. 1236 S 1 2014

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: Reiss, Kang, | Burks, Ja | yanetti & | Pereda, M.D., P.A. | |
|---------------------------|---|--|--------------------|--|--|
| DOCUMENT NUMB | _{ER:} 640849 | | | | |
| | of Amendment and fee are su | bmitted for fil | ing. | | |
| Please return all corresp | pondence concerning this ma | tter to the foll | owing: | | |
| | Thomas O. Wells | s, Esq. | | | |
| - | | Name of C | ontact Person | <u> </u> | |
| | Thomas O. Wells | s, P.A. | | | |
| - | | Firm/ | Company | | |
| | 540 Biltmore Way | y | - | | |
| - | | | dress | | |
| 1 | Coral Gables, FL | 33134 | | | |
| - | | City/ State | and Zip Cod | e | |
| med | helle@twellslaw. | .com | | | |
| | E-mail address: (to be us | | annual report | notification) | |
| | | | | | |
| For further information | concerning this matter, pleas | se call: | | | |
| Thomas O. Wells | | at | 305 | , 444-0016 | |
| Name o | f Contact Person | | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the | Florida Depa | urtment of State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 F Certified (Addition enclosed | Copy al copy is | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| | ing Address | | | <u>Address</u> | |
| | idment Section | | Amendment Section | | |
| | ion of Corporations Box 6327 | | | on of Corporations Building | |
| | hassee, FL 32314 | | | executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



| (Name of Corporation as currently filed with the Florida Dept. of State) 340849 | | • |
|--|---------------------------------------|----------------------------|
| | | |
| Chargement Number of Communication (if Immunication) | _ | |
| (Document Number of Corporation (if known) | | • |
| resuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation and Articles of Incorporation: | lopts the following | g amendment(s) t |
| If amending name, enter the new name of the cornoration: | | |
| Reiss, Kang, Jayanetti & Pereda, M.D., P.A. | | The new |
| me must be distinguishable and contain the word "corporation," "company," or "incorpo Corp.," "Inc.," or Co.," or the designation;"Corp," "Inc," or "Co". A professional corpora ord "chartered," "professional association," or the abbreviation "P.A." | rated" or the ab ition name must c | obreviation contain the |
| Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | · · · · · · · · · · · · · · · · · · · | |
| 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: | e of the | |
| Name of New Registered Agent | | |
| (Florida street address) | | |
| New Registered Office Address:, Florida, | | |
| (City) | (Zip Code) | |
| | | |
| w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations | | |

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)

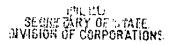
Please note the officer/director title by the first letter of the office title:

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 <math>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 De | <u>DR</u> | | |
|-------------------------------|--------------|-------------|------------------------|---------------------|--|
| X Remove | Y | Mike Jo | <u>ones</u> | | |
| X Add | <u>sv</u> | Sally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s | |
| 1) Change | V | | Dr. Juan Carlos Pereda | 6200 Sunset Drive | |
| Add | | | | Suite 505 | |
| Remove | | | | So. Miami, FL 33143 | |
| 2) Change | | ·- | | | |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | _ | | - | |
| Add | | | | | |
| Remove | | | _ | | |
| 4) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | <u></u> | _ | | | |
| Remove | | | | | |
| T. T. Kemove | | | | <u></u> | |
| 6) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |

| • | cles, enter change(s) here: (Be specific) | |
|---|---|--|
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| <u></u> | | |
| If an amendment provides for an exch provisions for implementing the ame | ange, reclassification, or cancellation adment if not contained in the amend | of issued shares, ment itself: |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |



| The date of each amendment | (s) adontion: | | | , if other than the |
|---|---|--|-------------------|---------------------|
| date this document was signed. | | 14 AUG 13 | PH 3: 49 | it obiet tradi the |
| Effective date if applicable: | August 1, 2014 | | 17 0 43 | |
| enetuve date <u>it apputable</u> . | | than 90 days after amendment fi | le date) | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u> | Đ | | |
| The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholder re sufficient for approval. | rs. The number of votes cast for | the amendment(s) | |
| | | ers through voting groups. The falled to vote separately on the amo | | |
| "The number of votes | cast for the amendment(s) w | as/were sufficient for approval | | |
| by 3 | (voting group) | | | |
| · | (voting group) | | | |
| The amendment(s) was/were action was not required. | e adopted by the board of dir | rectors without shareholder action | n and shareholder | |
| The amendment(s) was/were action was not required. | e adopted by the incorporato | rs without shareholder action and | l shareholder | |
| Dated | | | | |
| Signature | | Lang | | |
| sel | | er officer – Kalirectors or officers f in the hands of a receiver, trust aciary) | | |
| | Steve | N Kana Mr ed or printed name of person sign |) | _ |
| | , | resident | mig) | |
| | | (Title of person signing) | | |