H98295

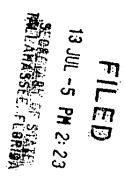
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C. LEWIS
JUL 1 0 2013
EXAMINER

∞ COVER LETTER ■

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: THE F	WRIDA	KNEE	CENTER	inc.
DOCUMENT NUMBI	er: <u>H982</u>	95			-
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
-	Paul J.V.	AUTOTTO Name of Contact	Person		
_	JB MANAR	EMENT, IN Firm/ Compa	JC.		
	300 S. Du	Address	275		
_		Address		_	
	CLEAR WAT	ED GI	23752	5-649	13
-	JOEPH CONT.	City/ State and Zi	p Code		
					_
	E-mail address: (to be u	sed for future annual	report notificat	ion)	
For further information	concerning this matter, plea	se call:			
		at ()	ytime Telephone Nu	
Name of	f Contact Person	Ar	rea Code & Day	ytime Telephone Nu	ımber
Enclosed is a check for	the following amount made	payable to the Florida	a Department o	f State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	is Cert (Add	.50 Filing Fee ificate of Status ified Copy ditional Copy nclosed)	
	ing Address Indment Section		Street Address		
	ion of Corporations		Amendment Sec Division of Cor		
	Box 6327		Clifton Building		
Tallal	hassee, FL 32314		2661 Executive		
Tallahassee, FL 32301					

Articles of Amendment

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	Articles of Incor	poration	13 ///)
THE FLORIDA (Name of Corporation as currently)	KNEE Co		IN CARE	5 PH 2	: 24 In:
<u> </u>				497	94
(Document Number	of Corporation (if k	(nown)			
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>FI</i>	orida Profit Cor	<i>poration</i> adopts	the following	amendment(s) to
A. If amending name, enter the new name of the FLORIDA KAR name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	E CENT rord "corporation, rp," "Inc," or "Ce	" "company," o o". A professior	r "incorporate	d" or the abb	The new reviation ntain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	3 <i>0X</i>)				
D. If amending the registered agent and/or regis new registered agent and/or the new registered		s in Florida, ent	er the name of	the	
	(Florida street	address)			
New Registered Office Address:	(City)		, Florida	Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		h and accept the	obligations of t	he position.	

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 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

in amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
ovisions for implementing the amendment if not contained in the amendment itself:		
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		indment it not contained in the amendment itself:
	covisions for implementing the ame. (if not applicable, indicate N/A)	
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	(if not applicable, indicate N/A)	
	(if not applicable, indicate N/A)	

The date of each amendment(s) ac	loption: 7/1/13	<u> </u>
Effective date <u>if applicable</u> :	7/1/13	ndment file date)
	(no more than 90 days after ame	endment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	. set
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of vote flicient for approval.	s cast for the amendment(s)
	roved by the shareholders through voting grou each voting group entitled to vote separately of	
"The number of votes cast	for the amendment(s) was/were sufficient for a	pproval
by		,,,
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder	action and shareholder
Dated	21/13/	
Dated	1 1 90 11/1	
Signature	shaffbuchAM.	
(de se de la companya de la company	irector, president or other officer - if directors	or officers have not been
	d, by an incorporator if in the hands of a rece ted fiduciary by that fiduciary)	eiver, trustee, or other court
() appoint	eed reductary by that reductary)	
	Tohn P Barrett (Typed or printed name of persons	Signing)
	Presiden	}
	(Title of person signing)	

VIRGINIA M. SARNO
Notary Public - State of Florida
My Comm. Expires Mar 28, 2015
Commission # EE 68190
Bonded Through National Notary Assn.

Ungum M. Satto 3/28/15 Expires