## 丁70389

| (Requestor's Name)                      |
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                      | ORATION: LINDA F. DELO,                     | D.O. , P. A.   |  |
|------------------------------------|---|--|--|
| DOCUMENT NUM                       |   |  |  |
|                                    | es of Amendment and fee are su              | bmitted for filing.  |  |
| Please return all cor              | respondence concerning this ma              | tter to the following:   |  |
|                                    | LINDA DELO                                  |  |  |
|                                    |   | Name of Contact Person   |  |
|                                    | LINDA F. DELO, D.O., P.A                    |  |  |
|                                    |   | Firm/ Company  |  |
|                                    | 7309 S INDIAN RIVER DR                      |  |  |
|                                    |   | Address  | <del>.</del>   |
|                                    | FORT PIERCE, FLA 34982                      |  |  |
|                                    |   | City/ State and Zip Code   |  |
|                                    | LINDADELO@GMAIL.CO                          | M  |  |
|                                    | <del>-</del>                                | sed for future annual report                                     | notification)  |
| For further informat<br>LINDA DELO | ion concerning this matter, plea            |  | 475-0161   |
| Nam                                | e of Contact Person                         | Area Coc   | ) 475-0161<br>le & Daytime Telephone Number  |
| Enclosed is a check                | for the following amount made               | payable to the Florida Depa                                      | rtment of State:   |
| □ \$35 Filing Fee                  | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address                    |   | Street Address   |  |
|                                    | nendment Section<br>vision of Corporations  | Amendment Section  |  |
|                                    | O. Box 6327                                 | Division of Corporations The Centre of Tallahassee               |  |
|                                    | llahassee, FL 32314                         | 2415 N. Monroe Street, Suite 810                                 |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

LENDA E DELO DO PA

| LINDA F. DELO, D.O. P.A.  |   |
|---|---|
| (Name of Corporation as current   | tly filed with the Florida Dept. of State)  |
| 170389  |   |
| (Document Number of   | of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:   | s Florida Profit Corporation adopts the following amendment(s) to   |
| A. If amending name, enter the new name of the corporation:   |   |
| L.NOVODELO, P.A.  | The new   |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A. | "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable:   | N/A   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |   |
|   |   |
|   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | N/A   |
|   |   |
|   |   |
|   |   |
| D. If amending the registered agent and/or registered office add  | dress in Florida, enter the name of the   |
| new registered agent and/or the new registered office addres  | <u>ss:</u>  |
| Name of New Registered Agent N/A  |   |
|   | ,   |
| (Florida st   | treet address)  |
| V 0 10% 411   |   |
| New Registered Office Address:  | (City) (Zip Code)   |
|   |   |
|   |   |
| New Registered Agent's Signature, if changing Registered Agen   |   |
| I hereby accept the appointment as registered agent. I am familiar  | with and accept the obligations of the position.  |
|   |   |
|   |   |
| Signature of New I  | Registered Agent, if changing   |
| ·   |   |
| Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)   | 1(e) FS   |
| = 1 no amendment(s) is the being fried pursuant to s. 607,0120 (11)   | 1 ( 1 / 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·   |

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:<br><u>X</u> Change   | <u>PT</u>    | John Do        | oe          |                                       |
|-------------------------------|--------------|----------------|-------------|---------------------------------------|
| X Remove                      | <u>V</u>     | Mike Jo        | ones .      |                                       |
| X Add                         | <u>sv</u>    | Sally Si       | <u>mith</u> |                                       |
| Type of Action<br>(Check One) | <u>Title</u> |                | Name        | Address                               |
| 1) Change                     |              | <del>_</del>   |             |                                       |
| Add                           |              |                |             |                                       |
| Remove                        |              |                |             |                                       |
| 2) Change                     |              | _ <del>_</del> |             |                                       |
| Add                           |              |                |             |                                       |
| Remove 3 ) Change             |              | _              |             |                                       |
| Add                           |              |                |             |                                       |
| Remove                        |              |                |             | · · · · · · · · · · · · · · · · · · · |
| 4) Change                     |              |                |             |                                       |
| Add                           |              |                |             |                                       |
| Remove                        |              |                |             |                                       |
| 5) Change                     |              |                |             |                                       |
| Add                           |              |                |             |                                       |
| Remove                        |              |                |             |                                       |
| 6) Change                     |              | - <b></b> -    |             |                                       |
| Add                           |              |                |             |                                       |
| Remove                        |              |                |             |                                       |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |              |
|---|--------------|
| N/A   |              |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares.                            |              |
| provisions for implementing the amendment if not contained in the <u>amendme</u> nt itself:                                 |              |
| (if not applicable, indicate N/A)   |              |
|   |              |
| N/A   |              |
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| The date of each amendment(s) ac   | doption:  | , if other than the                        |
|--|---|--|
| date this document was signed.   |   |  |
| Effective date if applicable:  |   |  |
|  | (no more than 90 days after amendment file o  | late)                                      |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing require partment of State's records.   | ments, 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.                 | opted by the incorporators, or board of directors without sh  | archolder action and shareholder           |
| ☐ The amendment(s) was/were add by the shareholders was/were su          | opted by the shareholders. The number of votes cast for the ifficient for approval.   | e amendment(s)                             |
|  | proved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend   |  |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approval   |  |
| by   |   |  |
|  | (voting group)  |  |
| 09/27/2024<br>Dated  |   |  |
| Si mataum.   | 1000  |  |
| selected   | rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee and fiduciary by that fiduciary) |  |
|  | LINDA DELO  |  |
|  | (Typed or printed name of person signing)   |  |
|  | PRESIDENT   |  |
|  | (Title of person signing)   |  |