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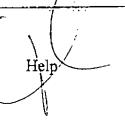
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COVER LETTER

Division of Corp	- · · ·			
NAME OF CORPOR	RATION: Allergy, Asthma	& Immunology Associates	of Central Florida, PA	
DOCUMENT NUM	BER:			
	of Amendment and fee are s	ubmitted for filing.		
Please return all corre	spondence concerning this m	atter to the following:		
	WINTER PA	Address City/ State and Zip Cook City/ Sta	2792 le	f Contral Florion
Elisabeth Crane, Esq.	concerning this matter, ples		941 8880	
	of Contact Person	at (Area Co	de & Daytime Telephone Numb	 er
Enclosed is a check for	the following amount made			
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address inducent Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment Articles of Incorporation of

icd with the Florida Dept. of State) riporation (if known) rida Profit Corporation adopts the following amendment
rida Profit Corporation adopts the following amendment
The new
pany," or "incorporated" or the abbreviation "Corp.," ofessional corporation name must contain the word
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(2)
_
n Florids, enter the name of the
in Prorton, enter the name of the
idress)
. Florida
(Zip Code)

[☐] 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)

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>	<u>John Doe</u>	•	
X Remove	¥	Mike Jones		
X Add	<u>sy</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
l)Change	<u>s</u>	Harleen Anderson, MD	1890 State Road 436, Suite 215	
Add			Winter Park, FL 32792	
X Remove			1	
2) Change			· .	
Add				
Remove Change		·		
Add				
Remove				
4)Change				
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
Add				
Remove			-	

	. (Be specific)	
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an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
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rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	

The date of each amendment(s) a date this document was signed.	idoption;	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action	n 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 amendment(s) afficient for approval.)
☐ The emendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	st
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	•••
Dated	2 aug 2028	•
Signature	Which ms	·
selected	rector, president or other officer—if directors or officers have not been , by an incorporator—if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
_	CARLOS JACIUTO, MD	ω
	(Typed or printed name of person signing)	•
	VICE PRESIDENT / DIRECTIA	
•	(Title of person signing)	