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ELECTION OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	al. Inc.
N09000000214	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Tracy G. Cummings	
	(Name of Contact Person)
Health First Shared Services, Inc.	
	(Firm/ Company)
6450 US Highway 1	
	(Address)
Rockledge, FL 32955	
	(City/ State and Zip Code)
tracy.cummings@hf.org	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r. please call:
Tracy G. Cummings	321 434-4182
(Name of Contact	
Enclosed is a check for the following amount i	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of S	Fee & \$\Bigcup \\$43.75 \text{ Filing Fee & }\Bigcup \\$52.50 \text{ Filing Fee }\Bigcup \Bigcup \\$52.50 \text{ Filing Fee }\Bigcup \Bigcup \Big
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2022 JAN 21 AM 11: 35 Viera Hospital, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAFFASSEE, FL N09000000214 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith		
Type of Action (Check One)	Title		<u>Name</u>	Address
l) Change Add	D	-	Pamela A. Gatto	
x Remove				
2) Change Add	D	_	Kevin B. Steele	
X Remove 3) Change Add X Remove	D	_	Martin W. Isenman, M.D.	
4) Change Add	D	_		6450 US Highway 1 Rockledge, FL 32955
Remove				
5) Change Add	D	_		6450 US Highway 1 Rockledge, FL 32955
Remove				<u> </u>
6) Change Add		_		
Remove			_	
E. If amending or addir (attach additional shee	i <mark>g additi</mark> d ts. if nece	onal Artic essary).	cles, enter change(s) here: (Be specific)	
N/A				
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The date of each amendment(s) date this document was signed.	adoption: 10/21/2021			, if other than the
Effective date if applicable:	/01/2021			
- принаме	(no more than 9	0 days after amendment	file date)	
Note: If the date inserted in this bedocument's effective date on the l	block does not meet the a Department of State's rec	pplicable statutory filing ords.	g requirements, this date will	not be listed as the
Adoption of Amendment(s)				

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

1.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 1 10 2022
Signature WWWWWWWW
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Nicholas W. Romanello
(Typed or printed name of person signing)
Assistant Secretary

(Title of person signing)