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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA A	CADEMY OF COLLABOR	ATIVE PR	OFESSIONALS, INC.	
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	are submitted for filing.		<u> </u>	
Please return all correspondence concerning th	is matter to the following:			
ROBERT J. MERLIN, ESQUIRE				
	(Name of Contact Pe	erson)		
ROBERT J. MERLIN, P.A.				
	(Firm/ Company	·)		
95 MERRICK WAY, SUITE 420				
	(Address)			-
CORAL GABLES, FL 33134				
	(City/ State and Zip (Code)		·
csuarez@merlinlaw.com				
E-mail address: (to l	be used for future annual rep	ort notificat	ion)	
For further information concerning this matter,	please call:			2022 \$57
Carmela Suarez	at	305	448-1555	S: 1.3
(Name of Contact	Person)	(Area Code) (Daytime Telephon	e Number)
Enclosed is a check for the following amount m	nade payable to the Florida I	epartment o	of State:	,·;
■ \$35 Filing Fee □\$43.75 Filing Fe				ćis
Certificate of S	tatus Certified Copy (Additional copy is enclosed)	Ceri Ceri (Ad	50 Filing Fee ificate of Status ified Copy ditional Copy is losed)	<u>.</u>
Mailing Address		et Address		
Amendment Section	Am	endment Se	ction	

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

FLORIDA ACADEMY OF COLLABORATIVE PROFESSIONALS, INC.

Name of Corporation as currently filed with the Floring	rida Dept. of State)		
N10000010348	,		
(Document)	Number of Corporation	(if known)	-
Pursuant to the provisions of section 617.1006, Florida Simendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida No</i>	ot For Profit Corporation adopts th	ne following
A. If amending name, enter the new name of the corp	porațion:		
N/A			
name must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	poration" or "incorpor	rated" or the abbreviation "Corp."	The new ' or "Inc."
3. Enter new principal office address, if applicable:	N/A		
Principal office address MUST BE A STREET ADDR	ESS)		
			
			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
	· · · · · ·		
	 -		_
. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Flor	ida, enter the name of the	
31/4	ice address:		~
Name of New Registered Agent: N/A			3
			<i>O</i> :
New Registered Office Address:		(Florida street address)	20
		, Florida	7
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changing Registe	ered Agent:		. B
hereby accept the appointment as registered agent. I ar	m familiar with and acc	ept the obligations of the position.	
 ,	Signature of New Res	gistered 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	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	PT	ELANIE SILVER	1301 SOUTH INTERNATIONAL PARKWAY
x Remove			LAKE MARY FL 32746
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add	· · · · · · · · · · · · · · · · · · ·		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
N/A			
			
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The date of each amendment	t(s) adaption:	July 13. 202	1				: e
date this document was signed			<u> </u>		<u>.</u>		, if other than the
_	July 13, 2021						
Effective date if applicable:				···			
	(no	more than 9	00 days after	amendment	file date)		
Note: If the date inserted in the document's effective date on the	iis block does n he Department	ot meet the a	applicable sta cords.	ntutory filing	g requirements	s, this date will no	ot be listed as the
Adoption of Amendment(s)	(<u>C</u>	HECK ON	E)				

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

Dated	
Signature	Holast/Mark
have not be	rman or vice chairman of the board, president or other officer-if directors can selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
Robert J	. Merlin
	(Typed or printed name of person signing)

(Title of person signing)