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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	UPM Employee Supp	port Fund, Inc.		
DOCUMENT NUMBER: _	\$19000004211 			
The enclosed Articles of Ame				
Please return all corresponde	ace concerning this matte	r to the following:		
John N. Camperlengo				
	1	(Name of Contact Pers	on)	
Unified Physician Manageme	ent			
		(Firm/ Company)		
1501 Yamato Road, Suite 20	0W			
	-	(Address)		
Boca Raton, FL 33431				
	(City/ State and Zip Co	de)	
john.camperlengo@unifiedh	c.com			
E-	mail address; (to be used	for future annual repor	t notificatio	n)
For further information conce	rning this matter, please o	rall:		
Myriam Fahim		5	61	300-2410 ext. 355
(Name of Contact Person)		(Vrea Code	(Daytime Telephone Number)
Enclosed is a check for the fo	Howing amount made pay	able to the Florida Dep	partment of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & 【 Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee Teate of Status Ted Copy Itional Copy is Osed)
Mailing Ac		Street Address		
Amendment Section		Amer	dment Sect	1011

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

UPM Employee Support Fund, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N19000004211 (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: Unified Employee Support Fund, Inc. 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. B. Enter new principal office address, if applicable: (Principal office address MUST_BE A STREET ADDRESS) 9 C. Enter new mailing address, if applicable: (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,

Page 1 of 4

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	$\underline{V} = \underline{Mi}$	<u>nn Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Dir.	Jennifer Bushy	1501 Yamato Rd, Suite 200W
X Add			Boca Raton, FL 33431
Remove			
2) Change	Dir.	William Barrett Gunter	209 E. Carver St.
$\frac{X}{Add}$			Durham, NC 27704
Remove			
3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

If amending or adding additional Articles, enter che (attach additional sheets, if necessary). (Be specific	,				
					
 					
					
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	July 29, 2019 (for all amendments) e date of each amendment(s) adoption: e this document was signed.		_, if other than the
Eff	ective date if applicable:		
.,	(no more than 90 days after amendment file date)		-
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date woment's effective date on the Department of State's records.	ill not b	e listed as the
Ade	option of Amendment(s) (<u>CHECK ONE</u>)		
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendmentt was/were sufficient for approval.	s)	
	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 Signature Signature		
	(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)	i	
	Diana Palumbo		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		HA 7- BUA 61