

11/5/2020

Jim Tadlock 8004323622

(02/06) 11/05/2020 02:18:27 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

N2000003842

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I2016000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
PRIVEE CLINICS NFP INC

Certificate of Status	0
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Corporate Filing Menu

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Articles of Amendment
to
Articles of Incorporation
of

PRIVEE CLINICS NFP INC

(Name of Corporation as currently filed with the Florida Dept. of State)
N2000003842

(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:

The new 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) SUITE 300

1441 BRICKELL AVE

MIAMI, FL 33131

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1441 BRICKELL AVE

SUITE 300

MIAMI, FL 33131

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:

AXS Law Group PLLC

2121 NW 2nd Ave Ste 201

New Registered Office Address:

(Florida street address)

Miami

(City)

33127

Florida

(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

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>MGR</u>	<u>Dayana Lobrada</u>	<u>1221 BRICKELL AVE NUM 948</u> <u>MIAMI, FL 33131</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>MGR</u>	<u>Bankola Johnson</u>	<u>1441 BRICKELL AVE, SUITE 300</u> <u>MIAMI, FL 33131</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>MGR</u>	<u>Bruce Platt</u>	<u>1441 BRICKELL AVE, SUITE 300</u> <u>MIAMI, FL 33131</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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- 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 November 2, 2020



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)

Bankole Johnson

(Typed or printed name of person signing)

Chairman

(Title of person signing)