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(Red	questor's Name)	
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	iness Entity Na	ma)
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Certified Copies	Certificate	s of Status
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Special Instructions to F	iling Officer:	





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2023 JAN 30 PM 1: 19 SECRETARY OF STATE

name Chang

APR 0 4 2023 D CUSHING

COVER LETTER

Division of Corporations NAME OF CORPORATION: ____ DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RICHARD A CAHLIN Address

MIAMI FL 33131

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RICHARD A CAHLIN at (301) 931 81 PCO.

Name of Contact Person Area Code & Daytime Telephone Number 5 Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

(Additional copy is

enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

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

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment Articles of Incorporation

of			
OBGYN	UNIVERSITY IN		
(Name of Corporation as currently f			
NZZ	0000 12768		
(Document Number of C			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the follow	wing amendi	ment(s) t
A. If amending name, enter the new name of the corporation: I 'J' NOT EASy name must be distinguishable and contain the word "corporation." "con	BEING ME IN	V C The n	ew
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	upany," or "incorporated" or the abbrevi professional corporation name must con	ation "Corp itain the wo	ord
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	SAME		- -
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	5 A M L		-
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	2023 JAN SECREIL	-
Name of New Registered Agent			
	· ::	3	Learns extra
(Florida street	address)	,	; ; 'T]
New Registered Office Address:	. Florida		- 0
		Cip Coder	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position	ж.	
Signature of New Regi	istered Agent, if changing		
Check if applicable			

NAME CHANGE ONLY: It's NOT ERSY BOING ME INC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

NAME CHANGE ONLY

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)

Example:

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.

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change		_		
Add				
Remove				
2) Change				
Add				
Remove Change		_		
Add				
Remove				•
4) Change		_		<u> </u>
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Remove				
5) Change		_		
Add				
Remove				
6) Change		<u> </u>		
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Remove				

ttach additional shee	g additional Articles, enter chits, if necessary). (Be specific	<u> </u>		
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lf an am <u>endment pro</u>	vides for an exchange, reclass	ification, or cancel	ation of issued shares	1
provisions for implei	menting the amendment if no	t contained in the a	mendment itself:	
(if not applicable	indicate N/A)			
			-	
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				.

NAME CHANGE ON'Y

	ment(s) adoption:, if other than the
date this document was sig	ned.
Effective date if applicab	le:
	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendment	(s) (<u>CHECK ONE</u>)
The amendment(s) was action was not required	/were adopted by the incorporators, or board of directors without shareholder action and shareholder -
	/were adopted by the shareholders. The number of votes east for the amendment(s) s/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of v	rotes cast for the amendment(s) was/were sufficient for approval
by	,·*
•	(voting group)
Dated	7 m 9 cm
Signatur	e
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	RICHARD A CAHLIN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)