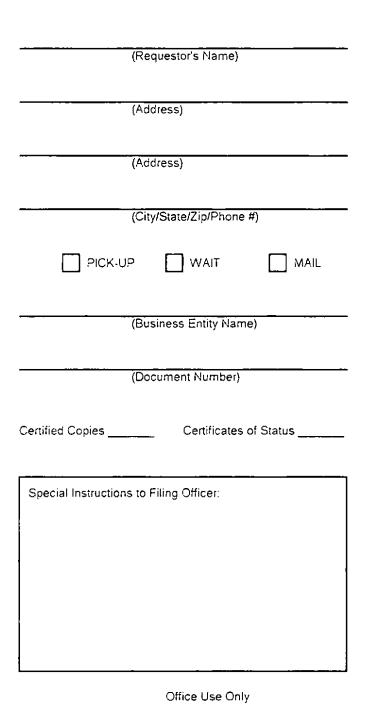
N23000003944





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S. ROBERTS AUG 0 8 2023

COVER LETTER,

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	The Pediatric Allian	ce for Medical Hor	nes, Inc.	
	23000003944			
DOCUMENT NUMBER:				
The enclosed Articles of Amer	ndment and fee are sub	mitted for filing.		
Please return all corresponden	ce concerning this matt	er to the following:		
Alicia Adams				
		(Name of Contact	Person)	, · · · · · · · · · · · · · · · · · · ·
		(Firm/ Compa	iny)	
4503 NE 22nd Rd				
		(Address)		· · · · · · · · · · · · · · · · · · ·
Fort Lauderdale, FL 33308				
		(City/ State and Zi	p Code)	· · · · · · · · · · · · · · · · · · ·
alicia@pedpcmh.com				
E-ri	nail address: (to be use	d for future annual	report notification	on)
For further information concer	ning this matter, please	e call:		
Alicia Adams			386 at	216-6346
1)	lame of Contact Persor			(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made p	ayable to the Florid	la D epartment o	f State:
■ \$35 Filing Fee 〔	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)	Certi y is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing Ad	dress	<u>.</u>	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

The Pediatric Alliance for Medical Homes, Inc.					
(Name of Corporation as currently filed with the F	Florida De	pt, of State)			
N23000003944					
(Documer	nt Number	of Corporation	n (if known)	•	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes,	this <i>Florida I</i>	Not For Profit C	Corporation adopts t	he following
A. If amending name, enter the new name of the c	orporatio	<u>n:</u>			
The Alliance for Pediatric Medical Homes, Inc.					The new
name must be distinguishable and contain the word "c". "Company" or "Co." may not be used in the name.	'corporatio	on" or "incorp	orated" or the a	abbreviation "Corp.	
B. Enter new principal office address, if applicable	le:	N/A			
(Principal office address MUST BE A STREET ADI					
	-		•	-	
	_				
C. Enter new mailing address, if applicable:		N/A		٠	2023
(Mailing address MAY BE A POST OFFICE BC	<u>0X</u>)	IN/A			<u></u>
				ı	_ 2
	_			0	<u> </u>
D. If amending the registered agent and/or registe			orida, enter the	e name of the	긒
new registered agent and/or the new registered		<u>iress:</u>			32
Name of New Registered Agent:	N/A 				
N	N/A				
Non Books and Office Allinois			(Florida street	address)	
New Registered Office Address:					
_		(621)		, Florida	_
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg			, .		
I hereby accept the appointment as registered agent.	I am fami	liar with and e	accept the obliga	ations of the position	7.
	Sim	rature of New	Registered Agen	nt if changing	
	Jigi	mare of them.	TERMINICION AREA	n, ij triunging	

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 Y Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add		N/A	
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee	ig additional Arti	icles, enter change(s) here: (Be specific)	
N/A			
-	-		
	· - ·		

		
		
		
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		·
	•	
The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:	o more than 90 days after amendment file date)	
(no	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does r document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not of State's records.	be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

Signature	(By the 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) Alicia Adams
	(Typed or printed name of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.