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From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : I2004000083 : (954)474-8000 Phone

Fax Number : (954)474-9850

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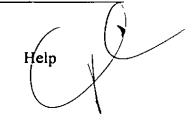
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COR AMND/RESTATE/CORRECT OR O/D RESIGN BISCAYNE MEDICAL PLAZA ASSOCIATION, INC.

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Electronic Filing Menu

Corporate Filing Menu



Articles of Amendment to Articles of Incorporation

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| | of | | |
|---|------------------------------|--|-------------|
| BISCAYNE MEDI | CAL PLAZA ASSOCIATI | ION, INC. | ··· . |
| (Name of Corporation as currently filed with the Flor | ida Dept. of State) | | |
| 1 | ł3730 9 | | |
| (Document N | umber of Corporation (if ki | nown) | |
| Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation: | latutes, this Florida Not Fo | r Profit Corporation adopts the follow | ring |
| A. If amending name, enter the new name of the corp | oration: | | |
| | | The n | I ØTAL |
| name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name. | poration" or "incorporated | | |
| B. Enter new principal office address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRI | <u>est</u>) | ,, N | |
| | - | | |
| | | | 7 |
| C. Enter new mailing address, if applicable: | | AH 2 | il-ecci. |
| (Mailing address MAY BE A POST OFFICE BOX) | | - B :: 7 | |
| | | SEE AM | E G |
| | | <u> </u> | • |
| | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | | enter the name of the | |
| new registered agent and/or the new registered bil | ice aporess; | | |
| Name of New Registered Agent: | | · | |
| | | | |
| New Registered Office Address: | (Flo | orida street address) | |
| | | Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as | | the obligations of the position. | |
| | Signature of New Registe | ered 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 Y. There is a change, Mike Jones leaves the corporation, Sally Smith is named the Y and S. These should be noted as John Doe, PT as a Change, Mike Jones, Y as Remove, and Sally Smith, SV as an Add.

| r1 | | | • |
|-----------------------------------|--------------|---|---|
| Example: X.Change X.Remove X. Add | Y Mik | n Doc e Jones y Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| Change Add | PD | CHAYKIN, LEE | 20900 Biscayne Blvd. Aventura, FL 33190 |
| x_ Remove | | | |
| 2) Change Add | <u>PD</u> | LeMONTE, DAVID | Aventura, FL 33190 State 2 |
| Remove 3) Change Add Remove | | | AUG 27 AM |
| 4) Change Add | | | To a D |
| Remove | | | ~; 6 |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or additional she | | Articles, enter change(s) here: v). (Be specific) | |
| _ - | | | |
| - | | | |
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Adoption of Amendment(s)

| | H2400028 | 36686 3 | | | | - |
|--|--------------------------|---------------------|---------|--|------------|--------------|
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| | | | | P. P | ō | - |
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| | | | | | | |
| The date of each amendment(s) adoptio | n: | | | | , if other | r than the |
| date this document was signed. | | | | | , | |
| Effective date if applicable: | (no more than 90 days | aster amendment fil | c date) | | | |
| Note: If the date inserted in this block do document's effective date on the Departm | es not meet the applicat | | | e will not b | e listed a | as the |

(CHECK ONE)

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

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| There are no mem adopted by the box | bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors. | | |
|-------------------------------------|--|-------------|---|
| Dated | 08-23-2024 | | |
| 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) | | |
| | David LeMonte | | |
| | (Typed or printed name of person signing) | | |
| | President / Director | 2024 AUG | |
| | (Title of person signing) | AUG 2 | |
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