P0000U48242

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June 27, 2017

OLAYEMI OSIYEMI TRIPLE O MEDICAL SERVICES, P.A. 2580 METROCENTER BLVD STE 3 WEST PALM BEACH, FL 33407

SUBJECT: TRIPLE O MEDICAL SERVICES, P.A.

Ref. Number: P00000048242

We have received your document for TRIPLE O MEDICAL SERVICES, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 917A00013009

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	TRIPLE O MEDIC	AL SERVICES, P.A.	. _ .			
DOCUMENT NUMBE	P00000048242					
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	ter to the following:				
	C	DLAYEMI OSIYEMI				
_		Name of Contact Persor	1			
	TRIPLE O MEDICAL SERVICES, P.A.					
_		Firm/ Company				
	2580 METROCENTER BLVD SUITE 3					
_		Address				
	WEST PALM BEACH, FL 33407					
		City/ State and Zip Code	2			
	d	lrtripleo@aol.com				
		sed for future annual report	notification)			
		•				
For further information	concerning this matter, pleas	se call:				
OLAYEMI OSIYEMI		at (832-6770 de & Daytime Telephone Number			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
	idment Section		Iment Section			
	ion of Corporations	Division of Corporations Clifton Building				
	Box 6327 hassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

TRIPLE O MEDICAL SERVICES, P.A.

(Name of Corporat	tion as currently filed	with the Florida De	ept. of State)			
P00000048242						
(Docum	ment Number of Corpo	ration (if known)				
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida</i>	a Profit Corporation	adopts the foll	owing ame	ndmen	it(s) to
A. If amending name, enter the new name of the c	corporation:					
				The	new	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p, " "Inc." or "Co"	ompany," or "incor A professional corpo	rporated" or t oration name n	he abbrevi nust contai	ation n the	
B. Enter new principal office address, if applicable	<u></u>					
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)					
				_		
C. Enter new mailing address, if applicable:						
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	·				
					<u> </u>	
D. If a real disp the assistance appear and on acceptance	and office address in	Florido onter the m	ama af tha			
D. <u>If amending the registered agent and/or registered agent and/or the new registered</u>		Florida, cuter the n	ame or the			
Name of New Registered Agent				<u> </u>	7	
name of New Registered Agent					<u> </u>	
	(Florida street addr	ress)		<u> </u>		
W D : 10m 44	·	,	Clasida		****	
New Registered Office Address:	(City)		, Florida	(Zip;Code)	_ 	\
					Ω. .:.	
					£	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		d accent the obligati	one of the posit	tian		
Thereby accept the appointment as registered agent.	Tum juminur wim um	a accept the omigun	ona oj ine posii	ion.		
Sie	nature of New Register	ed Agent, if changin	Ø			

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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change		JOSE MENAJOVSKY	183 ISLE VERDE WAY		
X Add			PALM BEACH GARDENS FL		
Remove			33418		
2) Change					
Add					
Remove					
3)Change					
Add					
Remove			<u></u>		
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	g additional Artiets, if necessary).	(Be specific)			
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	•				• •
					
	vides for an exct	iange, reclassific:	ation, or cancellat	ion of issued share	!S.
f an amendment pro		ndment if not cor	ntained in the amo	ndment itself:	
<u>provisions for imple</u>	menting the ame				
f an amendment pro provisions for imple (if not applicable	menting the ame 2, indicate N/A)				
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<u>provisions for imple</u>	ementing the ame				
f an amendment pro provisions for imple (if not applicable	e, indicate N/A)				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 13 July 20 17	
Signature	
(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)	
Olayemi Osiyemi (Typed or printed name of person signing)	<u>.</u>
(Typed or printed name of person signing)	
<u> </u>	
(Title of person signing)	