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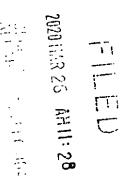
(Re	equestor's Name)	
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Amend

APR 0 9 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Physicians GI Parti	nership, Inc.	
DOCUMENT NU	D00000100222		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	Tracy G. Cummings		
		Name of Contact Person	<u> </u>
	Health First, Inc.		
		Firm/ Company	
	3300 Fiske Boulevard, Bldg.	В	
		Address	
	Rockledge, FL 32955		
		City/ State and Zip Code	2
	tracy.cummings@hf.org		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, please	se call:	
Tracy G. Cumming	ζs	at (³²¹	434-6646
Name of Contact Person		Area Co-	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ā L F	Aniling Address Amendment Section Division of Corporations 2.O. Box 6327 Callabassee, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Physicians GI Partnership, Inc.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P00000109327	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	12, 25
	Idress in Florida, enter the name of the
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	Idress in Florida, enter the name of the
new registered agent sugar the new registered vince source	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	. Florida
THE REGISTER Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Signature of tvew	педыются пропі, у спапрту
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	DST	Joseph G. Felkner	6450 US Hwy I
Add			Rockledge, FL 32955
X Remove			<u> </u>
2) Change	DST	Michael A. Scialdone	6450 US Hwy I
X Add			Rockledge, FL 32955
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
<u> </u>	
an amendment provides for an exchange of an exchange of implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

. .

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	January 8, 2020 (no more than 90 days after amendmen.	
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing re Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without	out shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast is sufficient for approval.	for the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the contract of t	
"The number of votes c	ast for the amendment(s) was/were sufficient for approv	al
by	(voting group)	"
	(voting group)	
Dated	3/23/2020 Endel Z	
(Éy sele	a director, president or other officer – if directors or officeted, by an incorporator – if in the hands of a receiver, trointed fiduciary by that fiduciary)	
	Brett Esrock	
	(Typed or printed name of person signing))
	President	
	(Title of person signing)	