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2013 PSS -6 AH 8: 22

C. GOLDEN

JAN 1 1 2020

## COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Plastikos of Boy Horbor, P.A.				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ary Krou MD  Name of Contact Person  Plastikos of Bey Herbor, PA.  Firm/ Company  1143 Kere CONCOURSE B  Address  Address  City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Avy Krou or (rishno at 305 Nul- 1881  Name of Contact Person Volume Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation
of

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		٠	1 77

Plastikos of Bou"H	orbor, P.A. 2013 ETD-6 AM 8:2
(Name of Corporation as currently	
P 0100003977	.2
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u>N/A</u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent  Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address: N /A	. Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	City) (Zip Code)

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: <u>X</u> Change	<u>PT</u> <u>Joi</u>	<u>hn Doe</u>	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ully Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_D_	Anna Krau	1143 Kane Concourse
			Bay Harbor Islands
Remove			FL, 33154
2) Change			
Add			
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

. <u>II amen</u> (Attach <i>d</i>	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
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provisi	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)	
	N/A	

The date of each amendment(s) adoption: date this document was signed.	N/A	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filin	g requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for the shareholders.		ast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vot		
"The number of votes cast for the ar	mendment(s) was/were sufficient for appr	roval
by	N/A (voting group)	."
The amendment(s) was/were adopted by action was not required.  The amendment(s) was/were adopted by action was not required.		
selected, by an i	resident or other officer – if directors or an accorporator – if in the hands of a receive fary by that fiduciary)	
	(Typed or printed name of person sign	<u> </u>
	President	ing)
	(Title of person signing)	