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SECRETARY OF STATE
TALLAHASSEF

A. Butter

COVER LETTER

TO: Amendment Section

Division of Cor	porations		.,
NAME OF CORPO	ORATION: TRI-COUNTY PR	IMARY CARE, INC.	
DOCUMENT NUM	IBER: P01000053440		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	itter to the following:	
	TAHIR SALMANI		
		Name of Contact Person	<u> </u>
	TRI-COUNTY PRIMARY		•
		Firm/ Company	
	306 NE HWY 351		
		Address	
	CROSS CITY FL 32628		
		City/ State and Zip Cod	С
	mohdtah@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
TAHIR SALMANI		at (⁴⁰⁷	8087322
Name	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address
	nendment Section vision of Corporations		ment Section
	D. Box 6327		n of Corporations entre of Tallahassee
	llahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

TRI-COUNTY PRIMARY CARE, INC.

A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) CROSS CITY FL 32628 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	(Document Number of Corporation (if known) TALLAH SSEE, FL Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) CROSS CITY FL 32628 D. If amending the registered agent and/or registered office address in Florida, enter the name of the	(Name	of Corporation as curren	tly filed with the Florida D	egn2# s1116e80 PH 12: 50
(Document Number of Corporation (if known) TALLAHASSEE, FL. Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendme its Articles of Incorporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co", A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) CROSS CITY FL 32628 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	(Document Number of Corporation (if known) [ALLEM*SSEE, Fl. Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: [A. If amending name, enter the new name of the corporation: [The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) CROSS CITY FL 32628 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent TAHIR SALMANI 306 NE HWY 351	P01000053440			onopres CV OF STATE
A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) CROSS CITY FL 32628 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co., A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) CROSS CITY FL 32628 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent TAHIR SALMANI 306 NE HWY 351 (Florida street address) CROSS CITY Florida CROSS CITY Florida		(Document Number	of Corporation (if known)	
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name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) CROSS CITY FL 32628 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "lnc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) CROSS CITY FL 32628 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent New Registered Office Address: New Registered Office Address: CROSS CITY Florida Street address) CROSS CITY Florida CROSS CITY Florida Florida Florida Florida Florida Florida Florida	A. If amending name, enter the new n	ame of the corporation:		
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	New Registered Office Address: CROSS CITY		306 NE HWY 351		
(Florida street address)	New Registered Office Address:, Florida,		(Florida s	treet address)	
	(City) (Zip Code)	New Registered Office Address:	CROSS CITY		
				(City)	
		New Registered Agent's Signature, if classification in the high succept the appointment as registration in the second succept the appointment as registration.	hanging Registered Agen ered agent. I am familiar	t: with and accept the obligati	ions of the position.
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		Talian	a' Salana'	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Tall Sol Man Signature of New Registered Agent, if changing	I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		Signature of New I	Registered Agent, if changing	g

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	WANDA LIDDELL	
Add X Remove			
2) Change	<u>V</u>	JIM C LIDDELL	
Add			
X Remove 3) Change	P	TAHIR SALMANI	
X Add			306 NE HWY 351
Remove			CROSS CITY FL 32628
4) Change	CEO	GAZALA Z BEG	306 NE HWY 351
X Add			CROSS CITY FL 32628
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change((Be specific)			
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an amendment provides for an exc	hange, reclassificati	on, or cancellatio	n of issued shares	ı
orovisions for implementing the ame (if not applicable, indicate N/A)	<u> mament it</u> not conta	ained in the amen	dment itself:	
(y approximate milit				
			·	•
				

•	06/26/2021	
The date of each amendment(s) acd date this document was signed.	option:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	·
Note: If the date inserted in this b' document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder ac	ction and shareholder
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	nt(s)
☐ The amendment(s) was/were app must be separately provided for	oved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east (or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
06/25/2021 Dated		
Signature _ W	ne knacil	
(By a dir selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other co d fiduciary by that fiduciary)	n urt
	WANDA LIDDELL	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	-