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		Acc#I20160000072	4: () = W
Name:	Monika Sriva	astava D.M.D., P.A	Plantation
Document #:			
Order #:	15393417		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Monika Srivastava D.M.D., P.A Plantation
	JMBER: P02000075710
The enclosed Artic	cles of Amendment and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	PATRICIA ALLERTON
	Name of Contact Person
	DYKEMA GOSSETT PLLC
	Firm/ Company
	39577 WOODWARD AVE - STE 300
	Address
	BLOOMFIELD HILLS MI 48304
	City/ State and Zip Code
	dr.monika@vitanapdp.com
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
ASHISH BAGAI	at (267) 736-1085
Na	me of Contact Person Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount made payable to the Florida Department of State:
S35 Filing Fee	Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address Amendment Section

Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FILED

2024 FEB 22 AH 9: 52

Monika Srivastava D.M.D., P.A Plantation	2029 FED 22 AN 3- 32
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P02000075710	.0755
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Co"." or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	1 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	104 NW 100TH AVENUE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PLANTATION FL 33324
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	
	, 3 ,
Signature of New R	egistered Agent, if changing
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)

Example:

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	171	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change		_		
Add				
Remove				
2) Change		<u> </u>		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Damaya				

E. <u>If am</u> (Arrac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
N/A	in daditional sheets, if necessary). (De specific)
IMM	
F. <u>Ifan</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	isions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	(ij not applicable, inalcale WA)
N/A	

meetal a le la la	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/w by the shareholders was/v	ere adopted by the shareholders. The number of votes east for the amendment(s) were sufficient for approval.
☐ The amendment(s) was/w must be separately provide	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
by	
-	(voting group)
Dated	2/20/2024
Signature _	Mrivastare
5	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	MONIKA SRIVASTAVA
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)