P04000121650

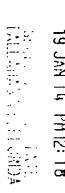
(Rec	questor's Name)	
(Ado	dress)	
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(City	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
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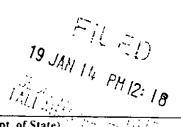
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ECK MANAGEN	MENT, INC.	
DOCUMENT NUMB	DOLOGOLOLOGO		
The enclosed Articles of	of Amendment and fee are s	ubmitted for filing.	<u> </u>
Please return all corresp	oondence concerning this m	atter to the following:	
	Michael Mender		
-		Name of Contact Perso	un .
]	Mastin Bergstrom, LLC		
		Firm/ Company	
•	7373 S. Alton Way, Suite 10	00	
-		Address	
(Centennial/ CO 80112		
	<u> </u>	City/ State and Zip Cod	e
michae	el@mastinlaw.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Michael Mender		at (303	217-4876
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. B	ng Address diment Section on of Corporations lox 6327 assee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ECK MANAGEMENT, INC.

P04000121650	of Corporation as currer	ntly filed with the Florida Dept. of State)
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, the	is Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new n	ame of the corporation:	
Complete Practice Management, Inc.		7 1
ame must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	lation "Corp." "Inc." or	ion, " "company," or "incorporated" or the abbreviatio "Co". A professional corporation name must contain th "P.A."
3. Enter new principal office address, if applicable:		N/A
Principal office address MUST BE AS	TREET ADDRESS)	N/A
		N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
		N/A
		N/A
). If amending the registered agent an new registered agent and/or the new	d/or registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	N/A	-
•	N/A	
	(Florida s	treet address)
New Registered Office Address:	N/A	, Florida N/A
New Registered Office Address		(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: X Change	<u>PT</u>	John Doc			
X Remove	$\underline{\mathbf{v}}$	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			5
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	19 JAN 14 PH 12: 18
1) Change		N/A	·		
Add			_		7 12
Remove					
2) Change		N/A			
Add			_		
Remove			_		
3) Change	·	N/A			_
Add			-		
Remove			-		
4) Change		N/A			
Add			_		
Remove			_		
5) Change		N/A			
Add			_		
Remove			_		
f) Change		N/A			
Add			_		
Remove				·	

•	
	19 JAN 14 PH 12: 18
If amending or adding additional Assistance	10 / // 5/2
If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	JAN IL
/A	13/1/2 PM 12.
	<u> </u>
	MOA
	· · · · · · · · · · · · · · · · · · ·
	·
If an amendment provides for an exchange, reclassification, or cancellation of iss	ued shares,
provisions for implementing the amendment If not contained in the amendment (if not applicable, indicate N/A)	itself:
1	

The data of south N/A
The date of each amendment(s) adoption: date this document was signed. , if other than the
Upon Filing 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 be listed as the document's effective date on the Department of State's records.
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
by
(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. 1/2/2018 Dated Dated
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
1/2/2018 Dated
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)
Fred J. Eck
(Typed or printed name of person signing)
Director
(Title of person signing)