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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VASCONCELL	O-COHEN MD, PA
DOCUMENT NUMBER: P04000163184	<u></u>
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this i	natter to the following:
ANDRES E. TEJIDOR, E	SQ.
	Name of Contact Person
THERREL BAISDEN, LL	.P
	Firm/ Company
I SE 3RD AVENUE, SUI	·
	Address
MIAMI, FLORIDA 33131	
	City/ State and Zip Code
ATEJIDOR@THERRELE	BAISDEN.COM
•••	used for future annual report notification)
For further information concerning this matter, pl	ease call:
ANDRES E. ТЕЛDOR. ESQ.	at (305) 371-5758 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	le payable to the Florida Department of State:
S35 Filing Fee Sature Certificate of Status	-
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

VASCONCELLO-COHEN MD. PA

VASCONCEDEO-CONEN MD. TA	
(Name of Corporation as curren	tly filed with the Florida Dept. of State) 📆 🧳
P04000163184	
	of Corporation (if known)
(Document Number	o) Corporation (ii known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amending
A. If a manding name antaw the name name of the componentiant	
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:	8224 MILLS DRIVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FLORIDA 33183
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 ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Many of New Books and Court	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
A	(City) (Zip Code)
Now Divisional Asserta Circustons of sharping Divisional Asserta	
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familiar	
т петету ассерт те арронитет их гезиметей адет. Тат затинат	wan and accept the uniquality of the position.

Signature of New Registered Agent, if changing

Check if applicable

 $[\]Box$ 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.

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		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	ig additional Arti ets, if necessary),	(Be specific)			
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f an amendment pro	wider for an evel	hanna raelaevifi	ention or concell	ation of iccord ch	in ruc
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	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholde	r action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendatifficient for approval.	ment(s)
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following st each voting group entitled to vote separately on the amendment(s).	atement :
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
DatedSignature	(voting group)	
(By a d selecte	irector. Nesident or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary)	
	OCTAVIO VASCONCELLO-COHEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	