## P05000098116

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ELITE MEDICAL	ALLIANCE, INC	<del> </del>		
DOCUMENT NUME	P05000098116		****		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	HAMID KESHVARI-RASTI	I			
		Name of Contact Persor	1		
	ELITE MEDICAL ALLIANCE, INC				
	•	Firm/ Company			
	260 CRANDON BLVD, STE	E 8			
	Address				
	KEY BISCAYNE, FL				
		City/ State and Zip Code	e		
	33149				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
HAMID KESHVARI	RASTI	at (	365-1114		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi: P.O.	ing Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 essee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

ELITE MEDICAL ALLIANCE, INC				
(Name o	of Corporation as currently	filed with the Florida D	ept. of State)	
ELITE MEDICAL ALLIANCE, INC				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	lorida Profit Corporation	adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co". A			on "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S		NA		
(Frincipal Office address SIOST BE AS	TREET APPRESS )			1
				1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA		
D. If amending the registered agent ar new registered agent and/or the new			name of the	23
new registered agent and/or the nev	NA			ار ج <u>ار</u> ج
Name of New Registered Agent			- <del>-</del> <del>-</del> - <del>-</del> <del>-</del> - <del>-</del>	
				- <del>22-</del> -d
	(Florida stre	et address)		
New Registered Office Address:	NA		Florida	
	1	City)	(Zip C	iode) 🗗 🕌
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligat	ions of the position.	
				_
	Signature of New Re	gistered Agent, if changin	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		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nan</u>	<u>ıc</u>	Address
1) Change	V	sor	ROUSH AGHIGH	260 CRANDON BLVD, STE 32
Add				# 187, KEY BISCAYNE, FL
X Remove				33149
2) Change				
Add				
Remove 3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
.5) Change				
Add				
Remove				<del>.</del>
6) Change				
Add				
Remove				

	v). (Be specific)		
			_
	<del></del>		
	<del></del>		
	<u> </u>		
	xchange, reclassification, or camendment if not contained in	ancellation of issued shares, the amendment itself:	
If an amendment provides for an e			
If an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A)	)		
provisions for implementing the a (if not applicable, indicate N/A)	)		
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provisions for implementing the a (if not applicable, indicate N/A)			
provisions for implementing the a (if not applicable, indicate N/A)			
If an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A)			

•

	6/1/2023	
The date of each amendment(s) at	loption:, if other	than the
date this document was signed.		
6/1/.	2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	·	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be liste partment of State's records.	d as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ado action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder	•
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	eroved by the shareholders through voting groups. The following statement 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	ŧ
by	"	
~.·	(voting group)	
4/1/2023	•	
Dated	In Jaca	
(By a di sclectee	rector president or other officer – if directors or officers have not been  by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	HAMID KESHVARI-RASTI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	