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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

Account Number : I19990000015 Phone : (727)461-1111

Fax Number : (727)461-6430

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN DR. NORA GINDI-REED PA

Certificate of Status	0
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Page Count	04
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☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment to Articles of Incorporation of

DR. NORA GINDI-REED PA		
(Name of Corporation as currently	y filed with the Florida Dept. of State	1
P05000158381		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
DR NORA GINDI-REED PA		The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbi professional corporation name must	reviation "Corp.,"
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)		7924 JUN - 7
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		AN 8: 52
Name of New Registered Agent		
(Florida stre	eei 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 w	ith and accept the obligations of the po.	sition.
Signature of New Re	egistered Agent, if changing	
Check if applicable		

From: Lisa Shuman

Fax: 17272933819

Fax: (850) 617-6380

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06/07/2024 3:04 PM

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:

To:

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	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			2024 JUN
2) Change			
Add			
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

From: Lisa Shuman

Fax: 17272933819

To:

Fax. (850) 617-6380

Page: 5 of 6

06/07/2024 3:04 PM

Attach additional sheets, if necessary). (Be specific)		
		
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for amandment provider for an avalonce realestification or appeallation of issued shares		52
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	•	10
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		
		· · · · · -

The date of each amendment(s) a	doption:		, if	other th	an the
date this document was signed.					
Effective date if applicable:	(no more than 90 days of	tor amendment file date)			
Note: If the date inserted in this l document's effective date on the D	plock does not meet the applicable state epartment of State's records.	ntory filing requirements, this date	will not b	e listed	as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of o	directors without shareholder action	n and sharel	nolder	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number ufficient for approval.	of votes cast for the amendment(s)		•
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voti each voting group entitled to vote sepa	ing groups. The following statementately on the amendment(s):	<i>ા</i>		
"The number of votes cas	for the amendment(s) was/were suffici	ent for approval			
by	_			20:	
	(voting group)		773	2924 JUN - 7	r ====
			<u>;</u>	\subseteq	
Dated June 7	. 2024		50. 32.	-7	-
L	<i></i>		S	AM	
Signature	09		<u>ក</u> ែ.		()
	rector, president or other officer - if dire		<u></u>	ά	
	l, by an incorporator — if in the hands of ed fiduciary by that fiduciary)	a receiver, trustee, or other court		52	
••	NORA GINDI-REED				
	(Typed or printed name of po	erson signing)			
	Vice President				
	(Title of person signing)				