P06000090587

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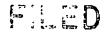
9 4/24/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TANWEER N	MEMON, MD PA					
DOCUMENT NUMBER: P06000090587						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning th	nis matter to the follo	owing:				
MARVI MEMON						
	Name of Contact Person					
TANWEER MEMON.	TANWEER MEMON, MD PA					
	Firm/ Company					
2852 TAMIAMI TRL ,	2852 TAMIAMI TRL , STE 5					
	Address					
PORT CHARLOTTE /	PORT CHARLOTTE / FL/33952					
	City/ State a	and Zip Code				
MARVIMEMON@CO	MCAST.NET					
E-mail address: (to	be used for future a	nnual report i	notification)			
For further information concerning this matter,	, please call:					
TANWEER MEMON	at (941	625-9494			
Name of Contact Person		Area Cod	e & Daytime Telephone Number			
Enclosed is a check for the following amount n	made payable to the	Florida Depa	rtment of State:			
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division The Ce 2415 N	Address nent Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, FL 32303			

Articles of Amendment to Articles of Incorporation of



TANWEER MEMON MD PA 2022 APR -5 AM 10: 16 (Name of Corporation as currently filed with the Florida Dept. of State) كتيلينين P06000090587 TALLA (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: _The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 2852 TAMIAMI TRL, STE 5 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PORT CHARLOTTE, FL.33952 C. Enter new mailing address, if applicable: 2852 TAMIAMI TRL, STE 5 (Mailing address MAY BE A POST OFFICE BOX) PORT CHARLOTTE, FL .33952 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered 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	<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>Name</u>	<u>Addres</u> s
1) Change	D	MARVI MEMON	3657 TROPICAIRE BLVD
X Add			NORTH PORT ,FL.34286
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	_		
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	,
	
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provisions for implementing the ame	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · ·	

• •

A CONTRACTOR

	3/28/2022	
The date of each amendment(s) a late this document was signed.	adoption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	
	(no more than 20 days after amenament file date	,
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement pepartment of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sharel	nolder action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the an sufficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
Dated3	26/2022	
Signature		
select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	
	TANWEER MEMON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	