P07000068311

(Req	uestor's Name)	
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(City	/State/Zip/Phone	: #)
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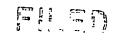
2021 DEC -3 AMTH: 32

COVER LETTER

TO: Amendment Section,.
Division of Corporations

NAME OF COL	RPORATION: BASHAR LUTFIN	MD, PA.			
	UMBER: P07000068311				
	ficles of Amendment and fee are sul	bmitted for filing.			
Please return all	correspondence concerning this ma	tter to the following:			
	SPYROS VLAMIS				
		Name of Contact Person	1		
	AR ACCOUNTING & TAX	AR ACCOUNTING & TAX SERVICES INC			
		Firm/ Company			
	5497 WILES ROAD SUITE	•			
		Address			
	COCONUT CREEK, FL 330	73			
		City/ State and Zip Cod	8		
	SPYROS@TAXESAR.COM				
		sed for future annual report	notification)		
	mation concerning this matter, plea				
SPYROS VLAN	Fame of Contact Person	at (
>	Jame of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a cho	eek for the following amount made	payable to the Florida Dep	artment of State:		
\$35 Filing F	Sec □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallanassee, FL 32314	Amen Division The C 2415	Address Iment Section on of Corporations Jentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of



BASHAR LUTFI MD. PA.

2021 DEC -3 AM 11: 32

(Name of Corporation as curren	tly filed with the Florida Dept. of State) PET/ DY OF STATE
P07000068311	**
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
BASHAR LUTFI MD PA	Thenew
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:	1725 N UNIVERSITY DRIVE
(Principal office address MUST BE A STREET ADDRESS)	SUITE 425
	CORAL SPRINGS, FL 33071
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9397 SATINLEAF PL
	PARKLAND, FL 33076
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	dress in Florida, enter the name of the ss:
(Florida s	trect address)
New Registered Office Address:	, Florida
New Registered Affice Autoress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian Signature of New York 2015	nt: r with and accept the obligations of the position. Registered Agent, if changing
agnuare of New	negative angent of countries
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.

Example: X Change	PT	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
- KUIIINE			

attach additional sheets, if	'necessary). (Be	e specific)			
<u>. </u>					
			<u>. </u>		
	-				
					
					
	-				
f an amendment provide	£			of ice and charge	
provisions for implemen	ting the amenda	nent if not contai	ned in the amend	Iment itself:	
(if not applicable, ind	licate N/A)				
					
					

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The date of each amendment(s) ad date this document was signed.	option:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	roved 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 f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated1	130/21	
Signature		_
selected	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 courted fiduciary by that fiduciary)	
_	SPYR2, VLA— (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Frdiges	
-	(Title of person signing)	

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