P07000071433

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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: P07000071433 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTOPHER J. KONICEK
Name of Contact Person 514 S. CRYSTINL LAKE DR. ORLANDO 32803 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thristopher J. Konicek at (407) 509 - 0990

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □ \$52.50 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Street Address** Mailing Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Amendment
to

Articles of Incorporation
of

PATIEN / TINOPLL / KONICEK P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

PO7000071433

(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 PATIEN/TIN		١.		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desiname must contain the word "chartered," "profess	word "corpor signation "Corp	ation," "compan o," "Inc," or "Co	o". A professiona	ated" or the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		NA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		Alu		
D. If amending the registered agent and/or reginew registered agent and/or the new register			, enter the name	of the
Name of New Registered Agent:	NIA			
New Registered Office Address:	(Florida	street address)		
	(City)		, Florida	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent			t the obligations of	the position.
Sign	ature of New Re	gistered Agent, ij	fchanging	

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)

Type of Action
Add Remove

· · · · · · · · · · · · · · · · · · ·
<u>-</u>
issued shares, it itself:
 ,

The date of each amendment(s) adoption:3/11/10	
(date of adoption is required)	_
Effective date if applicable: 3[1][0] (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendm by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	temen
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehaction was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	r
Dated	
Signature	_ n
selected, by an incorporator if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
Christophe J. Konicek (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	