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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ · Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Amend Ma 2,19,14

COVER LETTER

| Division of Corporations |
|--|
| NAME OF CORPORATION: Valenting Bradley, MD. PA. DOCUMENT NUMBER: PO 7000 108 994 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Valentina Bradley, MD. PA Valentina Bradley, MD. PA Firm/Company Huy #110 Address |
| Ft. Lauderdale, FL 33308 City/ State and Zip Code Vond 2012 O gmail. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Valentina Bradley at 954, 434-1595 |
| 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301 |

Articles of Amendment to



Articles of Incorporation (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

| me must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of ord "chartered." "professional association," or the abbreviation | r "Co". A professional corporation name | The the abbrevior must contain |
|---|--|--------------------------------|
| Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>) | NH | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | NIA | |
| If amending the registered agent and/or registered office at new registered agent and/or the new registered office addr | ddress in Florida, enter the name of the ress: | |
| | | |

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 | <u>PT</u> | John Do | <u>e</u> | |
|----------------------------|--------------|--------------|-------------------|---|
| X Remove | <u>v</u> | Mike Jo | <u>nes</u> | |
| X Add | <u>sv</u> | Sally Sm | n <u>ith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | <u>S</u> | _ | Edward J Marho Je | . 4450 NE 23rd Ave Lighthouse Point, |
| Add | | | | Lighthouse Point, FL 33064 |
| 2) Change | | - | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Remove | | | | |
| 4) Change | | | | |
| Add Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| E. If amending or add | ling additional Article | s, enter change(s) he | <u>re</u> : | |
|---------------------------------------|-------------------------|-----------------------|--------------------------|-------------|
| (Attach additional sl | neets, if necessary). (| Be specific) | | |
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| F. If an amendment p | rovides for an exchan | ge, reclassification, | or cancellation of issue | ed shares. |
| provisions for imp | lementing the amend | ment if not contained | in the amendment its | self: |
| (if not applica | ble, indicate N/A) | | | |
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| The date of each amendment(s) adoption: | _, if other than the |
|---|----------------------|
| date this document was signed. | |
| Effective date if applicable: (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 amendment(s) by the shareholders was/were sufficient for approval. | |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 | |
| by" (voting group) | |
| (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 2 11 14 | |
| Signature Van R Sv | |
| (By a director, president or other officer – if directors or officer have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | _ |
| Valenting Bradley | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | _ |