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APR 17 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Michael S. Strobbo	e, D.O., P.A.	
	4BER: P08000108387		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Jessica Martin		
		Name of Contact Person	1
	CPA Partners, LLC		
		Firm/ Company	
	8200 113th Street #103		•
		Address	
	Seminole, FL 33772		
		City/ State and Zip Code	e
•	jessica@cpapartnersllc.com		
	• •	sed for future annual report	notification)
For further informat Jessica Martin	ion concerning this matter, plea	se call: at (⁷²⁷	398-2080
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address Iment Section
	vision of Corporations		on of Corporations
P.	O. Box 6327	The Co	entre of Tallahassee
Та	illahassee, FL 32314	2415 N	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Michael S. Strobbe, D.O., P.A.

(Name of Cor	poration as currently filed with the Florid	da Dept. of State)
P08000108387		
(Document Number of Corporation (if know	m)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corpor	ation adopts the following amendment(s) to
A. If amending name, enter the new name of	f the corporation:	
name must be distinguishable and contain the we "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A professional corpor	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r new registered agent and/or the new regis		the name of the
	(Florida street address)	
New Registered Office Address:	(Ciţı)	, Florida(Zip Code)
New Registered Agent's Signature, if changing the Interest of the Appointment as registered as	ng Registered Agent: gent. I am familiar with and accept the ob-	ligations of the position.
	Signature of New Registered Agent, if cha	inging APR 1
Check if applicable ☐ The amendment(s) is/are being filed pursuan	nt 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	<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	MGR	MICNIC Strobbe Management	4916 Caney Court				
Add			Port Richey, FL 34668				
X Remove							
2) Change							
Add							
Remove 3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change		_					
Add							
Remove							
6) Change							
Add							
Remove							

(Attach addit	or adding additional sheets, if no	ecessary).	(Be specific)				
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provisions	lment provides f for implementin	lor an exchai ig the amend	nge, reclassif Iment if not	ication, or ca contained in	incellation of the amendme	issued shares, nt itself:	
(if not a	for implementing applicable, indica	ate N/A)					
-				 =			
	_						
					<u> </u>		

The date of each amendment(s) :	3/24/2020	
ate this document was signed.	idoption:	, if other than
•		
ffective date <u>if applicable</u> :	() ()	
	(no more than 90 days after amendment file date)	
lote: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	ll not be listed as
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and	d shareholder
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	ļ
musi be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	
by		
	(voling group)	
Dated	-30-20	
selecté	president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	Michael S Strobbe	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	