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(Requestor's Name) (Address) (Address)	900374760009
(City/State/Zip/Phone #)	10/12/2101039020 ++35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	2021 C T T 2 MI II
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TO: Amendment Section Division of Corporations

Team	Gindele	PA

NAME OI	F CORPORATION:	
•	P100000	06632

DOCUMENT NUMBER:

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nathan Gindele Name of Contact Person Team Gindele PA Firm/ Company 7950 Dani Drive, Suite 310 Address Fort Myers, FL 33966 City/ State and Zip Code drnate@gindelechiropractic.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nathan Gindele 239 229-4331 at (____ _) _ Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: 🔳 \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

> <u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Team Gindele PA

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

P10000006632

(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."

B.	Enter	new	<u>principa</u>	l office a	iddres	<u>s, if app</u>	licable:	
(Pr	incipa	l offic	ce addres	s <u>MUST</u>	BE 4	STREE	TADD	<u>(ESS</u>)

C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

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)

<u>New Registered Office Address:</u>

(City)

_. Florida_____ (Zip Code)

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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)

.

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:

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<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One)	VP	Brienne M Gindele, DC	7950 Dani Drive, #310
1) Change			Fort Myers, FL 33966
Add X			
Remove			
2) Change			
Add			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
IXCINOVC			

	(Attach additional sheets, if necessary). (Be s	pecific)
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L.	If an amondment provides for an exchange	reclassification, or cancellation of issued shares,
••	provisions for implementing the amendmen	t if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
		· · · · · · · · · · · · · · · · ·
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The date of each amendment(s) adoption: ____

date this document was signed. October 1, 2021

Effective	date	if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- □ 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 Team Gindele PA

by

(voting group)

10/1/2021

Dated_____

Signature

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Nathan Gindele

> (Typed or printed name of person signing) President

> > (Title of person signing)

_____, if other than the