P1000003544

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

2018 JUN 25 AM 10: 5

Amend

JUN 26 2018 ALBRITTON

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|--|--|--|--|--|--|
| NAME OF CORPORATION: Margate Lymphedema Center, Tric. DOCUMENT NUMBER: P10000038846 | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: Goldie Cole Name of Contact Person | | | | | |
| Margate Lymphedem Center, Tix. | | | | | |
| 2950 N. StATE KO. 7 Swite # 123 | | | | | |
| Margate, FL 33063 City/ State and Zip Code | | | | | |
| bethagami 2201. Com E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Goldie Cole at (954) 978-8387 x 103 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 Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status (Additional Copy is enclosed) | | | | | |

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED

18 JUN 25 PM 2: 00

FLORIDA DEPARTMENT OF STATE TARY OF SMALL Division of Corporations TALLAHASSES, FLORIDA

June 8, 2018

GOLDIE COLE MARGATE LYMPHEDEMA CENTER, INC. 2950 N. STATE ROAD 7 - STE. 103 MARGATE, FL 33063

SUBJECT: MARGATE LYMPHEDEMA CENTER, INC.

Ref. Number: P10000038846

We have received your document for MARGATE LYMPHEDEMA CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 418A00011998



MARGATE LYMPHEDEMA CENTER, INC.

2950 North State Road 7
Suite 103
Margate, Florida 33063
(954) 978-8287

www.margatelymphedemacenter.com

06/04/2018

RE: Co-Owners, Beth Agami, President and Goldie Cole, Registered Agent

P10000038846

Co-Owners are 50% owners of same Corporation and are requesting to ADD Goldie Cole as a Registered Officer as Vice President.

Thank you,

Beth Agami

President

beth@afittingexperience.com

954-978-8287 EXT 100

Goldie Cole

goldie@afittingexperience.com

(954) 978-8287 EXT 102

Articles of Amendment to Articles of Incorporation of

MARGATE LYMPHEDEMA CENTER, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

| P1000003 | 38846 |
|--|--|
| (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation: | is Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | Thenew |
| name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) | SECRETAL EL |
| D. If amending the registered agent and/or registered office ad | |
| new registered agent and/or the new registered office address | ess: |
| Name of New Registered Agent | <u> </u> |
| (Florida | street address) |
| New Registered Office Address: | Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia | |
| Charles of V | Destruction of the second second |

Signature of New Registered Agent, if changing

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.

| <u>X</u> 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) | Title | <u>Name</u> | <u>Addres</u> s |
| 1)ChangeAdd | <u>V</u> | Goldie Cole | 2950 N. State Rd. |
| Remove | | | Hargate, FL 33063 |
| 2) Change Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change | | | |
| Remove | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) | |
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| f an amendment provides for an exch | ange, reclassification, or cancellation of issuadment if not contained in the amendment it | ed shares, |
| (if not applicable, indicate N/A) | NAME OF THE CONTRACT OF THE OFFICE OF | 3011. |
| | | · · · · · · · · · · · · · · · · · · · |
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| The date of each amendment(s) ado date this document was signed. | ption: | 6/19/ | 01018 | | if other than the |
|---|--|--|----------------------|-----------------------|----------------------|
| Effective date <u>if applicable</u> : | | | | | |
| | (no more | e than 90 days afte | er amendment file o | late) | |
| Note: If the date inserted in this blo document's effective date on the Depa | | | tory fifing requiren | nents, this date will | not be fisted as the |
| Adoption of Amendment(s) | (CHECK ON | <u>E</u>) | | | |
| ☐ The amendment(s) was/were adopt by the shareholders was/were suffi | | ers. The number o | I votes east for the | amendment(s) | |
| ☐ The amendment(s) was/were appromust be separately provided for ed | | | | | |
| "The number of votes cast fo | r the amendment(s) | was/were sufficien | it for approval | | |
| by | | | · | | |
| | (voting group) |) | | | |
| ☐ The amendment(s) was/were adopt action was not required. | ted by the board of d | lirectors without sh | narcholder action a | nd shareholder | |
| The amendment(s) was/were adopt action was not required. | ted by the incorporat | tors without shareh | iolder action and sh | areholder | |
| Dated | 6/19/2 | 018 | | | |
| Signature | eth Ac | Jaimi | | | |
| (By a dire | ector, prevident or ot by an incorporator | ther officer – if dire | ectors or officers h | ave not been | |
| | d fiduciary by that fi | | a receiver, a aprec. | CA CAMEL COME | |
| _ | BET- | -I AGAM printed name of po | erson siuninu) | | |
| | (1) page (1) | A . | | | |
| _ | Presio | text | · · · | | |
| | | (Title of person s | aguing) | | |