## P100000 41336

(Requ	estor's Name)			
(Addre	ess)			
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(City/S	State/Zip/Phone	e #)		
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## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Heart Consultants  DOCUMENT NUMBER: P100000 41336
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle Alcella Name of Contact Person
Bradenton FL 34210
Bradenton FL 34210 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Alcella at 941, 730 2033  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 □ \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee 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

of

Heart Consultar	nts Incorporate	d
(Name of Corporation	on as currently filed with the Florid	a Dept. of State)
	0 41336	
(Docum	nent Number of Corporation (if known	)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the contain the work name must be distinguishable and contain the work "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	d "corporation," "company," or "i	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	(X)	TO SEP -3 III
D. If amending the registered agent and/or register new registered agent and/or the new registered.		ne name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.		gations of the position.

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.

Mike Jones, V as Remove Example:	e, and Sai	lly Smith, .	SV as an Add.	
X Change	<u>PT</u>	John Do	<u>oe</u>	
$\underline{X}$ Remove	$\underline{\mathbf{V}}$	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		<del>_</del>		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		<b></b> -		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach ad	ding or adding dditional sheets	, if necessary)	. (Be specij	fic)	<del></del> -			
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provisio	endment provi ons for implem	enting the am	endment if n	ot contained	in the ameno	i or issued sii lment itself:	ares,	
(if n	iot applicable, i	indicate N/A)						
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The date of each amendment(s) adoption:	, if other than the
, and the second	
Effective date if applicable: (no more than 90 days after amendment fit	le date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The funust be separately provided for each voting group entitled to vote separately on the amendment(s) was/were approved by the shareholders through voting groups.	ollowing statement endment(s):
"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 action was not required.	n and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	l shareholder
Dated 8/35/19	
Signature Michel Arm	
(By a director, president or other officer - if directors or officer	s have not been
selected, by an incorporator – if in the hands of a receiver, trust	ee, or other court
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	