P1000005975

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200239355782

09/10/12--01018--027 **35.00



COYER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: JOSHUA L	AMPERT MD PA	Α
DOCUMENT NUM	BER: P1000005975	4	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MAX A ADAMS E	ESQ	
	THE MEDILAW F	Name of Contact Person	
		Firm/ Company	
	325 ALMERIA AV	/ENUE	
		Address	
	CORAL GABLES	, FLORIDA 331	34
		City/ State and Zip Code	•
an	gie@themedilawfi	rm.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Angela Pere	Z	at (305	444-3484
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	iling Address	Street	Address
	nendment Section		Iment Section
	vision of Corporations D. Box 6327		on of Corporations Building
	lahassee, FL 32314		executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ida Dept. of State) nown) prida Profit Corporation adopts the following		
prida Profit Corporation adopts the following		
	amendment(s)	
	The new	
"company," or "incorporated" or the ab ". A professional corporation name must c 4."	obreviation contain the	
8700 N. Kendall Drive		
Suite 206		
Miami, Florida 33176		
8700 N. Kendall Drive		
Suite 206		
Miami, Florida 33176		
s in Florida, enter the name of the		
 _		
address)		
, Florida	_	
(Zip Code)		
	8700 N. Kendall Drive Suite 206 Miami, Florida 33176 8700 N. Kendall Drive Suite 206 Miami, Florida 33176 s in Florida, enter the name of the	

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.

Example: XChange	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	_Title	Name	Address
1) X Change	D	Joshua Lampert	8700 N. Kendall Drive
Add			Suite 206
Remove			Miami, Fl. 33176
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

	lditional sheets, if neces	ssary). (Be specific	•		
				<u> </u>	
			-		
					
				_	
				-	
		an exchange, reclas:	sification, or cancells	tion of issued shares.	_
F. If an am	endment provides for				•
F. If an am	endment provides for ins for implementing t	he amendment if no	t contained in the an	ienament itseii:	
F. <u>If an am</u> provisie (if r	endment provides for a ns for implementing t not applicable, indicate	he amendment if no N/A)	t contained in the ar	ienament taen:	
F. <u>If an am</u> provisio (if r	endment provides for ins for implementing to the control of the co	he amendment if no N/A)	t contained in the ar	tenament tisen:	
F. <u>If an am</u> provisio (if r	endment provides for one for implementing to the control of the co	he amendment if no N/A)	t contained in the ar	tenament itself:	
F. If an am provision (if	endment provides for ins for implementing to applicable, indicate	the amendment if no	t contained in the ar	tenament liseli:	
F. If an am provisi (if	endment provides for ins for implementing to applicable, indicate	he amendment if no	t contained in the ar	tenament Itself:	
F. If an am provision (if	endment provides for ons for implementing to the contract of applicable, indicate	he amendment if no	t contained in the ar	tenament Itself:	
P. If an am provision (if)	endment provides for ons for implementing t not applicable, indicate	the amendment if no	t contained in the ar	tenament liseli:	

The date of each amendment(s) adoption: September 5, 2012
Effective date if applicable: September 5, 2012
(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 Joshua Lamkert
(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 09/05/2012
Signature Dollars
(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)
MAX A. ADAMS, ESQ.
(Typed or printed name of person signing)
ATTORNEY
(Title of person signing)