## P100000 72461

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION; CONCORDIA HE	ALTHCARE HOLDINGS.	INC.
DOCUMENT NUM	P10000072461		
The enclosed Article	s of Amendment and fee are st	abmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Randy M. Goldberg, Esquire		
		Name of Contact Persor	1
	Randy M. Goldberg & Assoc	ciates, PLLC	
		Firm/ Company	
	1101 SW 71st Avenue	· ······· C(//·····/	
		Address	
	Plantation, FL 33317		
	<del></del>	City/ State and Zip Code	2
Ran	dy@randygoldberglaw.com		
		sed for future annual report	natification)
	r. mar adment, to be a	ged for rature annual report	nottication)
For further informati	on concerning this matter, pleas	se call:	
RandyM. Goldberg,	Esquire	754	224-0867
Name of Contact Person		at ( Area Co	) 224-0867 de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	rtment of State:
S35 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)
<u>M:</u>	ailing Address	Street	Address
	nendment Section		ment Section
	vision of Corporations		n of Corporations
	D. Box 6327		Building
I a	llahassee, FL 32314	2001 E	xecutive Center Circle

Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of

CONCORDIA HEALTHCARE HOLDINGS, INC.		
(Name of Corporation :	as currently filed with the Flor	ida Dept. of State)
P10000072461		
(Document	Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corpo	pration adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:	
CARISK PARTNERS, INC.		The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	'Inc," or "Co". A professiona	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PEB 14 PH
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		bligations 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, an 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 De	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	ets, if necessary).	(Be specific)				
			<del></del>	<del> </del>		
		<del></del>			·	
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			<del></del>	<del></del>		<del></del> -
<del></del>		- <del></del>				
If an amendment pro provisions for imple	<u>vides for an exch</u> menting the ame	iange, reclassifi ndment if not c	cation, or cancel ontained in the :	llation of issued s	<u>hares.</u>	
(if not applicable	, indicate N/A)	<u></u>		The state of the s	<u>.</u>	
<del></del>						<del></del> -
		·				
		<u> </u>			<del></del>	

The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the an afficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shar	eholder
DatedSignature	2/13/19 5/19/25	
(By a	director, president or other officer - if directors or officers have	
	ed, by an incorporator – if in the hands of a receiver, trustee, or ited fiduciary by that fiduciary)	other court
	THOMAS E. DURKIN, III	
	(Typed or printed name of person signing)	
	ASSISTANT SECRETARY	
	(Title of person signing)	