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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JAMES VILLOTT	П, M.D., P.A.			
DOCUMENT NUMI	P10000086189	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	NICHOLAS J. GARCIA				
		Name of Contact Persor	1		
	JAMES VILLOTTI, M.D., P.A.				
		Firm/ Company			
	900 PINE STREET, SUITE 111-B				
		Address			
	ENGLEWOOD, FL. 34224				
		City/ State and Zip Code	<u> </u>		
nicho	olasjamesgarcia@gmail.com				
		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
NICHOLAS J. GARCIA		941 at (681-3333		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JAMES VILLOTTI, M.D., P.A.		700 F 23 T 2:42			
(Name o	of Corporation as current	ly filed with the Florida De	ept. of State)		
P10000086189					
	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:				
N/A			The new		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or	"Co". A professional corp	rporated" or the abbreviation		
B. Enter new principal office address, if applicable:		900 PINE STREET, SU	900 PINE STREET, SUITE 111-B		
(Principal office address MUST BE A S		ENGLEWOOD, FL. 34	.223		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		900 PINE STREET, SUITE 111-B			
		ENGLEWOOD, FL. 34223			
D. If amending the registered agent an new registered agent and/or the new			ame of the		
Name of New Registered Agent	NICHOLAS J. GARCIA				
Nume of New Negistered Agent	900 PINE STREET, SUIT	TE 111-B	And the first the first the second se		
	(Florida st	reet address)			
New Registered Office Address:	ENGLEWOOD		. Florida 34223		
New Negistrea Vynde Haartag.	(City)		(Zip Code)		
New Registered Agent's Signature, if c			ione of the munition		
I hereby accept the appointment as regist	еген адет. Тат јатинаг	wan and accept the omigan	онь од те ромион.		
	27				
	Signature of New 1	Registered Agent if changin	σ		

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)

Example:

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.

X 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)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	JAMES VILLOTTI	900 PINE STREET, SUITE 111
Add X Remove			ENGLEWOOD, FL. 34223
2) Change	PD	NICHOLAS J. GARCIA	900 PINE STREET, SUITE 111-B
X Add			ENGLEWOOD, FL. 34223
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessar					
N/A						
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an amandmant	provides for an	erchange reclas	cification or can	cellation of issue	d charec	
provisions for in	nplementing the	amendment if no	ot contained in th	e amendment its	elf:	
(if not applie	cable, indicate N/A	f)				
N/A						
			-			
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					<u> </u>	••••
				-		

	27 SEPTEMBER 2019	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	OCTOBER 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and sharehold	der
- · · · · · · · · · · · · · · · · · · ·	TEMBER 2019	
DatedSignature	DY 1000.	
	director, president or other officer - if directors or officers have not	
	eted, by an incorporator – if in the hands of a receiver, trustee, or other	er court
арро	ointed fiduciary by that fiduciary)	
	JAMES VILLOTTI	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·