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15 APR -2 PH 2: 18

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COVER LETTER

TO: Amendment Section

Division of Corporation	ons				
NAME OF CORPORAT	ion: Ami	ta Patel	MD PA	. .	
DOCUMENT NUMBER:	P 11001	2158000			
The enclosed Articles of A	<i>mendment</i> and fee are su	bmitted for filing.			
, v					
Please return all correspond	lence concerning this ma	tter to the following:			
	Anit	a Ratel			
	Name of Contact Person				
<u> </u>		Firm/ Company			
	F1201	BROADL	AND.	22	
		Address			
	THE	LAZOTONO		_ 33592	
		City/ State and Zip Cod		,	
		TEL Q Y		ma). Ji	
	E-mail address: (to be us	sed for future annual repor	notification)		
For further information con	cerning this matter, pleas	se call:			
Anita	Patel	at (2\5	301	4056	
Name of Co	ontact Person	Area Co	ode & Daytime T	elephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Dep	artment of State:		
□ \$35 Filing Fee	X.\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filin Certificate of Certified Co (Additional is enclosed	of Status opy Copy	
Mailing Address			Address		
	ent Section of Corporations		Amendment Section Division of Corporations		
Division of Corporations P.O. Box 6327		Clifton	Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle			Circle		
		Tailah	assee, FL 32301		

Articles of Amendment Articles of Incorporation

FILED

	of	
Anita Patel n	ND PA	15 APR -2 PH 2: 18
(Name of Corporation as currently filed	with the Florida Dept. of State)
780000019	14	and the bound in the same distant
(Document Number of Cor	poration (if known)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Pursuant to the provisions of section 607.1006, Florida Statist Articles of Incorporation:	ututes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s
A. If amending name, enter the new name of the corpo	ration:	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 professional	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable:	<u></u>	
(Principal office address <u>MUST BE A STREET ADDRE</u>	$\mathcal{S}_{\overline{S}}$) \mathcal{N}	IA
		-}
C. Enter new mailing address, if applicable:		10
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		the name of the
	N/A	
Name of New Registered Agent	* ' ()	
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 <math>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 Doe	
•			
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	CFO	Rakesh Patel	10517 Broadland Pass
Add			DESDECTORORT
Remove			FL, 33592
2) Change			
Add			
Remove			
3) Change			
Add Remove			
_			
4) Change			
Add Remove			
Kelliove			
5) Change			
Add Remove			
L-1 Kelliose			
6) L Change			
Add			
Remove			

<u>If amending or adding addit</u> Attach <i>additional sheets, if ne</i>	cessary). (Be	specific)		•
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<u>lf an amendment provides fo</u>	or an exchange	<u>, reclassifi</u>	cation, or	cancellation of issued shares,
provisions for implementin	g the amendme	ent if not co	<u>ontained ir</u>	the amendment itself:
(if not applicable, indica	ite N/A)	N1A	\wedge	
		Y	(-)	
		······································	7	
	······································			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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" (voting group)	
(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.	
Dated3-27-15	
Dated3-27-15 Signature	
(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)	
Anita Patel	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	