P11000)4513

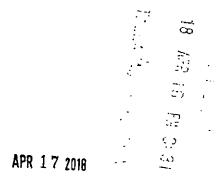
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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TAMMIE T. FEST	'A. R.N. P.A.	
DOCUMENT NUMB	ER: P11000014513		
The enclosed Articles (of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	TAMMIE T GARNETT		
-		Name of Contact Person	1
-		Firm/ Company	
-	1162 RAINTREE LANE		
	WELLINGTON, FL 33414	Address	
-		City/ State and Zip Code	2
TTAN	HE@AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se eall:	
TAMMIE T GARNET	Т	at (<u>561</u>	
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indiment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clitton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

TAMMIE T. FESTA, R.N. P.A.

(<u>Name</u>	of Corporation as current	y filed with the Florida Dept.	of State)			
P11000014513						
	(Document Number o	f Corporation (if known)	,	 -		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Corporation ad	opts the fo	llowing	amendm	ent(s)
A. If amending name, enter the new n	ame of the corporation:					
TAMMIE T. GARNETT, R.N. P.A.				-	The nev	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	'Co''. A professional corpora	rated" or tion name	the abb	reviation	11
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		1162 RAINTREE LANE				
		WELLINGTON, FL 33414	}			
				- i. : -	<u> </u>	
					- 1	t
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1162 RAINTREE LANE			;)	,
		WELLINGTON, FL 33414			- Ti	-
			- 4		्	
D. If amending the registered agent ar	nd/or registered office add	ress in Flarida, enter the nam	e of the	. * .	:2	
new registered agent and/or the ne			ic or the			
Name of New Registered Agent TAMMIE T. GARNETT						
	1162 RAINTREE LANE		_			
	(Florida street address)					
New Registered Office Address:	WELLINGTON		Florida 33	414		
	(City)		(Zip Code)			

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PD	TAMMIE T GARNETT	1162 RAINTREE LANE
Add			WELLINGTON, FL 33414
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ad	APRIL 11, 2018 option:	, if other than th
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date vocartment of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appropriately provided for a	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	nted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoraction was not required.	nted by the incorporators without shareholder action and shareholder	
APRIL 11, 1 Dated	2018	
Signature	mn Do garath	
(By a di	rector, president or other officer - if directors or officers have not been	
	, by an incorporator of if in the hands of a receiver, trustee, or other court to diductary by that fiductary)	
	TAMMIE T. GARNETT	
-	(Typed or printed name of person signing)	
1	PRESIDENT/DIRECTOR	
-	(Title of person ciuning)	

. . . .