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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: LAWRENCE ALI	EXANDER, M.D., P.A.	
DOCUMENT NUM	D11000031.400		
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	Wacelly E. Vargas		
		Name of Contact Person	1
		Firm/ Company	
	2482 Secoffee Тегт		
		Address	
	Miami, FL 33133		
		City/ State and Zip Code	e
	waspy09@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Wacelly E. Vargas		787 at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.C	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LAWRENCE ALEXANDER, M.D., P.A.

(Name of Corporation	as currently fi	ed with the Flori	da Dent of State)		
11000041400		ica with the Figure	sa Dept. or otate		
(Documen	it Number of Co	orporation (if know	m)	<u> </u>	
ursuant to the provisions of section 607.1006, Florida St s Articles of Incorporation:	tatutes, this <i>Flo</i>	rida Profit Corpor	ation adopts the foll	owing amendm	ient(s
. If amending name, enter the new name of the corp	oration:				
ame must be distinguishable and contain the word "corpe Inc.," or Co.," or the designation "Corp," "Inc," o chartered," "professional association," or the abbrevia	r "Co". A pi	pany," or "incorpo ofessional corpor	orated" or the abbre ation name must ce	The newiation "Corp., ontain the wor	**
Enter new principal office address, if applicable:	шот 1.л.				
Principal office address MUST BE A STREET ADDRI	ESS)				
	-				
	-				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
	-		f. 1		
	-				
	-		<u>.</u>		
. If amending the registered agent and/or registered new registered agent and/or the new registered offi		<u>in Florida, enter</u>	the name of the		
				2	
				— ပ်ပ <u>-</u>	
<u></u>	(Florida street d	eddress)		 둘	
New Registered Office Address:			, Florida	-	-
	(Cit	''		(Zip Code) =	
				ά	•
ew Registered Agent's Signature, if changing Registe	ered Agent:			12	-
hereby accept the appointment as registered agent. I ar	m familiar with	and accept the ob	igations of the posit	ion.	
Signatur	re of New Regis	tered Agent, if cha	nging		
heck if applicable	32				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	S	Wacelly E. Vargas	2482 Secoffee Terr
Add			Miami, FL 33133
Remove			
2) Change			
Add			
Remove 3) Change		-	 -
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		 -
Add			
Remove			
6) Change		 	
Add			
Remove			

	(Be specific)
	——————————————————————————————————————
	
	
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<u> </u>	
	
	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exch rovisions 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:
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	June 1, 2023		
Fhe date of each amendment(s) adopt date this document was signed.	iion:	, if c	other than the
Effective date if applicable:			
	(no more than 90 days	after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable st ment of State's records.	tatutory filing requirements, this date will not be	: listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopted action was not required.	I by the incorporators, or board o	of directors without shareholder action and shareh	older
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		per of votes cast for the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each			
"The number of votes east for t	he amendment(s) was/were suffi	icient for approval	
by			
	(voting group)		
selected, by appointed f		directors or officers have not been s of a receiver, trustee, or other court	
	(Typed or printed name o	of person signing)	
Pow	ver of Attorney of Lawrence Alex		
	-		

(Title of person signing)