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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend

SEP 1 9 2012

T. CAULEY

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Lymphedema Clinic of Orlando  DOCUMENT NUMBER: P11 00 004 99 67
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Delobie Moulavi Nf-c  Name of Contact Person  Lymphedema Clinic of Orlando  Firm/Company
Firm/ Company  2284 Red Ember Road  Address
Oviedo, Florida 32765 City/State and Zip Code
E-mail address: (to boused for future annual report notification)
For further information concerning this matter, please call:
Debbie Moulayi at (407) 421 6865  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status  Certi
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

Articles of Incorporation of

		of	12 SEP 13	PH 12: 24
	Lymphedema Clinic of Orlan	ndo, IA	LC . o	
	P11 000049967 (Document Number of Corporat			
	Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	s, this <i>Florida Pro</i>	fit Corporation adopts the following	amendment(s) to
Д	A. If amending name, enter the new name of the corporation	on:		
	name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the aesignation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	or "Co". A pre	my," or "incorporated" or the ab	The new breviation ontain the
	B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u>55</u>	30 Lake Howell P Winter Pa	•
	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	aa84 Ovie	lorida 32791	•
	D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		ida, enter the name of the	
	Name of New Registered Agent Deboic	Moulavi		
		ida street address)		
	New Registered Office Address:	Ovied (	) Florida 32765 (Zip Code)	-
	New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fum	Agent: niliar with and acc	ept the obligations of the position.	
	Signature of New Regist	tered Agent, if cha	unging	

## 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.

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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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Mohammad Eskandari	1180 Spring Contresporth Blod # 112
Add Remove		•	# 112 Alt Spungs 7. 32714
2) Change			
Add			
Remove			
3 ) Change			
Add			
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4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		Maria de Proposition de la Constantina	
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		If amending or adding additional Articles, enter change(s) here:	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	•	Attach additional sheets, if necessary). (Be specific)	
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	All
(if not applicable, indicate N/A)		provisions for implementing the amendment if not contained in the amendment itself:	סקטנ
		(if not applicable, indicate N/A)	
			_

The date of each	amendment(s) adoption: August 20, 2012
Effective date <u>if</u>	applicable: August 20, 2012 (no more than 90 days after amendment file date)
Adoption of Am	endment(s) ( <u>CHECK ONE</u> )
The amendme by the shareh	ent(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) olders was/were sufficient for approval.
The amendme must be separ	ent(s) was/were approved by the shareholders through voting groups. The following statement rately provided for each voting group entitled to vote separately on the amendment(s):
"The nu	mber of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not	nt(s) was/were adopted by the incorporators without shareholder action and shareholder
	Dated August 20,2012
	Signature Ollyman VP
	(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)
,	Delboie Moulavi (Typed or printed name of person signing)
	(Title of person ligning)