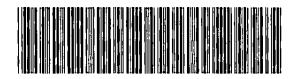
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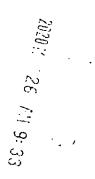
(Re	questor's Name)					
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: YANITZA RODRI	GUEZ, M.D., P.A.			
DOCUMENT NUM	BER: P11000059434				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	YANITZA RODRIGUEZ				
	· · · · ·	Name of Contact Person	1		
	YANITZA RODRIGUEZ, M.D., P.A.				
		Firm/ Company			
	10075 Jog Road Suite 311				
		Address			
	Boynton Beach, FL 33437				
		City/ State and Zip Cod	e		
	mastertax01@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
YANITZA RODRIG	UEZ	786	458-3373		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

626 111 9:33 of

YANITZA RODRIGUEZ, M.D., P.A.			1970 · · · 50	
(Name of Corporati	on as currently	filed with the Florid:		
P11000059434				
(Docum	nent Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this F	lorida Profit Corpora	tion adopts the follow	ing amendment(s)
A. If amending name, enter the new name of the co	ornoration			
Trainending name, enter the new name of the co	or poracion.			
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A			
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>				
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ss in Florida, enter t	he name of the	
Name of New Registered Agent				<u>-</u> -
	(Florida stree	et address)		
New Registered Office Address:			. Florida	
New Registered Office Address.		City)		o Code)
	, -	<u>-</u> -,	(/	, C.M.C.
New Registered Agent's Signature, if changing Reg	<u>gistered Agent:</u>			
hereby accept the appointment as registered agent.	l am familiar wi	ith and accept the obli	gations of the position	·,
Sim	ature of New Res	gistered Agent, if chan	aina	_
. ingrii	mare of their neg	_{қысғен} ақет, у спап	8118	

Check if applicable

[☐] 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 Do	<u>e</u>	
X Remove	V	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		OSVALDO VILLAR	10075 Jog Road
X Add		_		Suite 311
Remove				Boyton Beach, FL 33437
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach addit	ional sheets, if ne	cessary), (Be	specific)				
	 -						
						 	
	<u>.</u> .						
							
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lf an ansand					د د د هم د		
provisions	ment provides for implementing	g the amendme	nt if not cont:	ained in the an	endment itself:	ares,	
(if not a	applicable, indica	te N/A)					
			 -				
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			· · · · · ·			······································	
			***		- -		
							

The date of each amendment(adoption:	, if other than the
date this document was signed.	03/08/2020	
Effective date if applicable:	7570672020	
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the are sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendment	
"The number of votes	ast for the amendment(s) was/were sufficient for approval	
100 by	<u>,</u> "	
	(voting group)	
03/08/2 Dated	2020	
sele	director, president or other officer – if director or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
	YANITZA RODRIGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	