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LALL ANIASSEE FLORID

MAR 0.7 2018 G. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations	_
NAME OF CORPORATION:	Jershon Finh D.o., P.A.
DOCUMENT NUMBER:	110000
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
	Max Adams
	Name of Contact Person
	The medicaw time
2	2151 Sillewer RD #506
	al Gables Fl. 33134
	City/ State and Zip Code
E-mail address	(to be used for future annual report notification)
For further information concerning this ma	tter, please cail:
leve Adam	at (305) 4414 - 3484
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Certificate of	·
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 allaliassee, FL 32314	Tallahassee, FL 32301

Articles of Amendment

Articles of incor	poration
Carshan En	6 Da DA
(Name of Cornoration as currently	filed with the Florida Dept. of State)
(Name or corporation as capenty)	000000173
(Document Number of C	Composition (if known)
(Document Number of C	corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Corp." "Inc.," or "Corp." "Inc.," or "Corp." "Inc.," or "Corp.," or "Corp.," "Inc.," or "Corp.," or "Corp.	o". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P.	3921 Alten Road
B. Enter new principal office address, if applicable:	- 3921 HITON ROLL
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Unit #107
	Mian: Brach, Fl, 33140
O. D. A. W. H. W. Washin	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3921 Alten Road
	CAL HIGH
	0112 ' 80 17 75141
	Miam, Beach + 1, 531910
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	三
Name of New Registered Agent	
(Florida stree	
·	
New Registered Office Address:	City) , Florida (Zip Code)
, -	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.

Page 1 of 4

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.

Mike Jones, V as Remov	e, ana sany smn	in, sv as an Aaa.	
Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One) 1) Change	<u>Title</u>	Aershon Fink	3921 Alton Road Un.7 # 107
Add Remove			Miam: Beach, FL, 33140
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			
Kemove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	 	
· · · · · · · · · · · · · · · · · · ·		
•	,	
		
If an amendment provides for an exch	ange, reclassification, or ca	ncellation of issued shares,
f an amendment provides for an exch provisions for implementing the ame	idment if not contained in t	he amendment itself:
(if not applicable, indicate N/A)		V/A
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 5/1/2018 if other than t
The date of each amendment(s) adoption:, if other than t date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.
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)
☐ 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.
Dated3/1/20/8
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)
\sim \sim \sim \sim \sim \sim
Gershan Fink
(Typed or printed name of person signing)
President
(Title of person signing)