P12000028981

(Reques	tor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	RPORATION: Retina Care Consu	iltants, P.A.	<u> </u>
DOCUMENT N	P12000028081		
The enclosed Arta	icles of Amendment and fee are su	ibmitted for filing.	
Please return all c	correspondence concerning this ma	itter to the following:	
	Thomas S Shane		
		Name of Contact Person	-
		Firm/ Company	·
	2401 University Parkway, St	nite 205	
		Address	
	Sarasota, Florida 34243		
		City/ State and Zip Code	;
	retinacareflorida@gmail.com	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, plea	se call:	
Thomas S Shane		at (941	351-1200 de & Daytime Telephone Number
Na	ame of Contact Person	· Area Coo	de & Daytime Telephone Number
Enclosed is a che-	ck for the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fo	ee	□\$43.75 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee L. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Retina Care Consultants, P.A.

FILED

		then Park
(Name of Corporation	as currently filed with the l	florida Dept. of State) 2021 DECTI; PH 5: 18
Sarasota, Florida 34243		5: 18
	t Number of Corporation (if)	그는 사람들이 가운 일본
ursuant to the provisions of section 607.1006, Florida St s Articles of Incorporation:	tatutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment
. If amending name, enter the new name of the corp	oration:	
Shane Retina, P.A.		The new
name must he distinguishable and contain the word "corp 'Inc.," or Co.," or the designation "Corp," "Inc," o 'chartered," "professional association," or the abbrevia	r "Co". A professional co	corporated" or the abbreviation "Corp"
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)	
E. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	/ =- , , ,	
D. If amending the registered agent and/or registered	office address in Florida o	man the man of the
new registered agent and/or the new registered off		mer the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registed hereby accept the appointment as registered agent. I are	ered Agent: m familiar with and accent th	e obligations of the position
nereo, uccept the appointment as registered agent. Tal	m jaminar wiin ana accept in	e unitgations of the position.
Signatur	re of New Registered Agent, ij	f changing
Check if applicable		
men ii abbiieniie		

☐ 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.

Example:	DТ	Inha Da	_	
X_Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jot	nes	
X Add	<u>sv</u>	Sally Sm	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Ramaya				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment itsen.
(5)	

	(s) adoption:	, if other than the
date this document was signed	- 03/01/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fil	le date)
	this block does not meet the applicable statutory filing requine Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for ere sufficient for approval.	the amendment(s)
	re approved by the shareholders through voting groups. The ford for each voting group entitled to vote separately on the ame	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	nber 10, 2023	
Dated Signature	Tham & & he	
SC	y a director, president or other officer – if directors or officers lected, by an incorporator – if in the hands of a receiver, trust opointed fiduciary by that fiduciary)	
	Thomas S Shane	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	