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LINDA CHEN, M.D., P.A.

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COVER LETTER

TO: Amendment Section of Corporation of Corporation of Corporation of Corporation (Corporation Corporation Corpora						
name of corpor	ERI PI	A CHEN I	4.D. P.A.			
DOCUMENT NUMB	BR:P14	<u> 20000 4429</u>	14'			
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.				
Please return all corres	pondence concerning this ma	atter to the following:				
	MAX A. ADAMS					
•		Name of Contact Perso	n			
	LAW OFFICES OF MAX A	l adams, esq.				
•	-	Firm/ Company	· · · · · · · · · · · · · · · · · · ·			
	2151 S. LEJEUNE ROAD,	· - ·				
•	 	Address				
	CORAL GABLES, FLORIDA 33134					
•		City/ State and Zip Cod	0			
ANG	DOMETICA CONTRA MANAGEMENTO A	7034				
ANG	E@THEMEDILAWFIRM.	sed for future annual report				
	E-MBH ROGLESE: (10:08 ft	sen for future armus report	tenucation)			
For further information	concerning this matter, plea	se cail:				
		- 1				
ANGELA M. PEREZ		#t (<u></u>	<u> 444-3484</u>			
Name o	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depi	ertment of State:			
\$35 Filling Pec	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Riting Pea Certificate of Status Certified Copy (Additional Capy is enclosed)			
	ng Address		Address			
	idment Section	Amendment Section				
	ion of Corporations Boy 6327		n of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, PL 32314 2661 Executive Center Circle						
			3300, FL 32301			

The last the

16 OCT 14 AM 8:55

Articles of Amendment

	to Articles of Inco		SEC#PT#DYPT TAPE TALLARASSMET STARDA
,	of	orporation	TALLAMAS SELECTION IN THE
	NOA CHEP	U, M.D.	P.A.
(Name of Cor	rporntion as currently		
	P128000	144274	
	(Document Number of	Corporation (if kno	W1)
Pursuant to the provisious of section 607,1006, its Articles of Incorporation:	Florida Statutes, this I	Flarida Profit Corp	oration adopts the following amendment(s) to
A. If amending name, enter the new name of	f the corporation:		
			The new
name must be distinguishable and contain to "Carp.," "Inc.," or Co.," or the designation word "chartered," "professional association."	"Corp," "Ing," or "C	Co". A profession P.A."	"incorporated" of the abbreviation al corporation name must contain the
B. Enter new principal office address, if app	alicabler	6304	Glencoe Avenue
(Principal office address MUST BE A STREE	TADDRESS)	Saraso	Glencoe Avenue
C. Enter new mailing address, if applicable	<u>:</u>	1041	Clara Aranga
(Mailing address MAY BE A POST OFF)	CE BOX)	5274 51	Glencoe Avenue TA, FL. 34231
D. If ameading the registered agent and/or repair and/or registered agent and/or the new regis	rezistored office addr Service (Microscience)	ers in Florida, ente	r the name of the
Name of New Registered Agent		•	
	(Florida stre	et address)	
New Besisters & Office Address	. , ,	•	Warida
New Registered Office Address:		(Cly)	Florida (Zíp Code)
		•	
New Registered Agent's Signature, if changing			The second second
(hereby accept the appointment as registered a	igeni: 1-am Janililar w	un and docept the c	bulgations of the position.
	C'		
	Signature of New Re	gistered:Agent, if c	Hanging

Page 1 of 4

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 PID. Changes should be noted in the following manner. Currently John Dae 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 Dae, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change <u>PT</u> John Doe X Mike Jones X Remove SV Sally Smith X Add Title Address Type of Action Name (Check One) Linda Chen encor Avenue 1) Change Add Remove 2) ____ Change _ Add Remove 3.) ____ Change _ Add Remove 4) ____ Change Add Remove 5) ____ Change Add Remove δ) ____ Change _ **A**dd Remove

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

PAGE 04/06

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	dditional sheets	, (f necessary).	ticles, enter ch (Be specifie))			
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f na ame provision (if po	ndment provid ne for implant of applicable, is	ies for an excl ating the ages adicate N/A)	nange, reclassion indipent if not	fication, or con centained in th	collation of lesy e-amendment it	ed obares, adf:	
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	n;	if other than the
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 dedocument's effective date on the Department	ces not meet the applicable statutory filing requirements, to a State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The smendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amend for approval.	ment(s)
	by the shareholders through voting groups. The following softing group entitled to vote separately on the amendment(s	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	\$5.5	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and share	sholder
☐ The amendment(s)-was/were adopted by	the incorporators without shareholder action and sharehold	ier
action was not required.		
In luc	Ma	
Dated 10 114	10	
بدسر .	a Mai	
Signature	1 de albina	
	president or other officer - if directors or officers have not	
	incorporator – if in the hands of a receiver, trustee, or other	r court
appointed समा	clary by that fiduciary)	
MAX.	a. Adams, esq	
 	(Typed or printed name of person signing)	
ATTO	RNEY-IN-FACT	,
	(Title of person significa)	

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