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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: EXCELLENTS OPTIONS INC

DOCUMENT NUMBER: P12000046093

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

INGRID MACHADO

Name of Contact Person

Firm/ Company

475 BILTMORE WAY STE 314

Address

CORAL GABLES, FL 33134

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 INGRID MACHADO
 at (______305____) 551 - 0900

 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

S43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 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 .

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Articles of Amendment to Articles of Incorporation of

EXCELLENTS OPTIONS INC	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P12000046093	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>
PERIDOT MEDICAL GROUP CORP	The new
	n," "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word P.A."
B. Enter new principal office address, if applicable:	475 BILTMORE WAY STE 314
(Principal office address MUST BE A STREET ADDRESS)	CORAL GABLES, FL 33134
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	475 BILTMORE WAY STE 314
	CORAL GABLES, FL 33134
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, If changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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: PT John Doe X Change X Remove <u>v</u> Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Address Name (Check One) VIRGINIA OROZCO 13768 SW 146 CIR LN UNIT 1 Ρ 1) ____ Change MIAMI, FL 33186 Add х Remove 475 BILTMORE WAY STE 314 Ρ **INGRID MACHADO** 2) ____ Change CORAL GABLES, FL 33134 х _ Add Remove 3) ____ Change ___ Add ___ Remove 4) ____ Change __ Add Remove 5) ____ Change __ Add Remove δ) ____ Change __ Add __ Remove

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E. If amending or adding additional Articles, enter change(s) here:				
	(Attach additional sheets, if necessary).			

F. 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)

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03-31-21,12:52PM: INCOME TAX	; 3052229004	# 6/ 6
· • •	H21000	1288003
The date of each amendment(s) adoption: 03 / 26 / 2021 date this document was signed.	, if othe	er than the
Effective date <u>if applicable</u> : 03 / 26 / 2021 (no more than 90 days after a	amendment file date)	-
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be lis	sted as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the incorporators, or board of direction was not required.	ctors without shareholder action and sharehold	ler
The amendment(s) was/were adopted by the shareholders. The number of y by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate		
"The number of votes cast for the amendment(s) was/were sufficient	for approval	
by(voiing group)		
Dated 03 / 26 / 2021 Signature (By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)		

INGRID MACHADO

(Typed or printed name of person signing)

PRESIDENT

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(Title of person signing)

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