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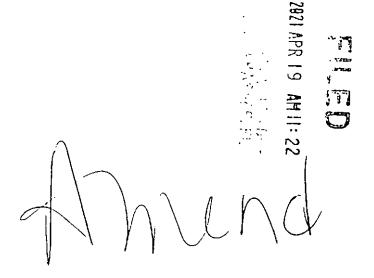
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL.		
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JUN 13 2021 ! ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations -

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPOR	ATION: New De	essy Anima.	Hospital 39 4 Ave, Inc
DOCUMENT NUMB	ER: <u>P1</u>	20000569	Hospital 39th Ave, Inc
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corresp	condence concerning this ma	atter to the following:	
-	Newber 2540/ High 5 E-mail address: (to be use	Address Solvings City/ State and Mp Code ance bult-z sed for future annual report	Hospital 394 Ave, Inc
	concerning this matter, plea		. 278-0499
Name o	f Contact Person	at (Area Coe	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address ment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to

Articles of Incorporation of

(Name of Corporation as curre	ntly filed with the Florida Dept. of	<u>State</u>)
P/200056992	2	
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopt	s the following amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.:	A professional corporation name	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		20
		- <u>- </u>
		, mark
C. Enter new mailing address, if applicable:		5
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
		22
D. If amending the registered agent and/or registered office ac	ldress in Florida, enter the name o	f the
new registered agent and/or the new registered office addre		i viic
Name of New Registered Agent		
. The transfer of the state of	· · · · · · · · · · · · · · · · · · ·	
	street address)	
		• •
New Registered Office Address:		orida <i>(Zip Code)</i>
	·	•
New Registered Agent's Signature, if changing Registered Age		•1
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of	me postuon.
Signature of New	Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11	I) (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: X Change	<u> </u>	John Do	2	
X Remove	<u>v</u>	Mike Jor	<u>ves</u>	
X Add	<u>sv</u>	Sally Sm	<u>íth</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>V</u>	_	Vessie Stanley	3859 SE 374 Trail
X Add			•	Trenton, FL 32693
Remove			0.44 60	
2) Change	_V	_	Ruth Ann Spinosa	
_ X _ Add			Spinosa	Gainesville, FL 32606
Remove 3) Change	CEC	<u> </u>	KATIE HILL	25725 SW 184 Ave
Add				Newberry, FL 32669
Remove				
4)Change				
Add				
Remove				
5)Change		_		
Add				
Remove				
6) Change				
Remove				

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	•
	
-	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(ij noi appucaoie, maicaie 187A)	
	<u> </u>

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The date of each amendment(s) ado	ption: 1/1/21	, if other than the
date this document was signed.	11.1-2	
Effective date <u>if applicable</u> :	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this blo document's effective date on the Depa		requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors wit	thout shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes casticient for approval.	st for the amendment(s)
	oved by the shareholders through voting groups, ach voting group entitled to vote separately on th	
"The number of votes cast fo	or the amendment(s) was/were sufficient for appropriate	oval
by	(voting group)	·"
selected,	ector, president or other officer – if directors or of by an incorporator – if in the hands of a receiver of fiduciary by that fiduciary) Lance K. Ba (Typed or printed name of person signi	trustee, or other court
	President/ ou	

(Title of person signing)