P13000021144

| (Re | questor's Name) | |
|---|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Do | ocument Number) | 1 |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE

APPROVEU AND FILED

C. LEWIS

MAR 1 9 2014

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

| • | Elorido Elito | Foot 9 Apklo Aco | ociatos Inc |
|--------------------------|---|--|--|
| | Florida Elite P13000021 | | ociales inc |
| | of Amendment and fee are su | | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | Sharon Cuffy | | |
| | | Name of Contact Person | 1 |
| | Florida Elite Fo | oot & Ankle As | ssociates Inc |
| , | | Firm/ Company | |
| | 6745 NW 75 P | lace | |
| | | Address | |
| | Parkland, FL 3 | 33067 | |
| | | City/ State and Zip Code | e |
| drs | cuffy@gmail.co | om | |
| <u> </u> | | sed for future annual report | notification) |
| For further information | n concerning this matter, pleas | se call: | |
| Karen E Le | e CPA | at (305 | 815-1462 |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r 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) |
| Mai | ling Address | Street | Address |
| Ame | endment Section | Amend | Iment Section |
| Division of Corporations | | Divisio | on of Corporations |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

APPROVED AND FILED

14 MAR 19 PM 2: 28

Florida Elite Foot & Ankle Associates Inc

P13000021144

(Name of Corporation as currently filed with the Florida Dept. of State)

<u>SECRETARY OF STATE</u> TALL AHASSELFLOMD,

| (Document Number of Corporation | (if known) |
|--|--|
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation: | s Florida Profit Corporation adopts 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 "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | 6745 NW 75 Place |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Parkland FI 33067 |
| C. Enter new mailing address, if applicable: | 6745 NW 75 Place |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | Parkland, Fl 33067 |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre | 98: |
| Name of New Registered Agent 6745 NW 75 Place | |
| | street address) |
| New Registered Office Address: Parkland | , Florida 33067 |
| (Cit | |
| New Registered Agent's Signature, if changing Registered Agen | <u>nt:</u> |
| I hereby accept the appointment as registered agent. I am familia | |

egistered 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.

| X Change | PT Joh | nn Doe | |
|-------------------------------|---------------------|-----------|--------------------------|
| X Remove | <u>V</u> <u>Mil</u> | ke Jones | |
| X Add | SV Sal | ly Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | VP | Barry Fay | 8870 W Oakland Park Blvd |
| Add | | | Sunrise, FL 33351 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| (y noi applicable, maicale 1471) | |
| | |
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| The date of each amendment(s) adoption: | riceo | , if other than the |
|--|--|---------------------|
| date this document was signed. | 14 MAR 19 PM 2: 28 | |
| Effective date if applicable: | | |
| (no more | than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE | <u> </u> | |
| The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval. | rs. The number of votes cast for the amendment(s) | |
| The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entity | | |
| "The number of votes cast for the amendment(s) v | was/were sufficient for approval | |
| by | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| (voting group) | | |
| The amendment(s) was/were adopted by the board of di action was not required. | irectors without shareholder action and shareholder | |
| The amendment(s) was/were adopted by the incorporate action was not required. | ors without shareholder action and shareholder | |
| Dated 3/10/2014 | | |
| $\sqrt{\Omega}$ | | |
| Signature (By a director) president or oth | ner 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 fid | luciary) | |
| Dr Sharon Cuffy | | |
| (Туг | ped or printed name of person signing) | |
| VP | | |
| | (Title of person signing) | |