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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ____ DOCUMENT NUMBER: P13000032639 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RYAN J. TIMBERG Name of Contact Person COMPUTER SURGEONS, INC Firm/ Company 1000 W Pembroke Road Address Hallandale, FL 33309 City/ State and Zip Code rvan@computersurgcons.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 506-5658

Area Code & Daytime Telephone Number RYAN J. TIMBERG Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	01			
COMPUTER SURGEONS, INC				
(Name of Corporation	on as currently (filed with the Florida	Dept. of State)	•
P13000032639				
(Docun	nent Number of C	Corporation (if known)	· ·-
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>FI</i>	orida Profit Corporal	tion adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
			· · · · · · · · · · · · · · · · · · ·	The new
name must be distinguishable and contain the word "co "Inc" or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	" or "Co". A	mpany," or "incorpor professional corpora	ated" or the abbrevia tion name must cont	tion "Corp.," ain the word
B. Enter new principal office address, if applicable	e:			
(Principal office address MUST BE A STREET ADL			· ·	1021 055 17
			<u></u>	
				<u> </u>
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)Vı			- : : : : : : : : : : : : : : : : : : :
(Mauling address MAT DE A POST OFFICE BO	<u>///</u> /			
				
				3
D. If amending the registered agent and/or register new registered agent and/or the new registered		ss in Florida, enter t	he name of the	
None of March Barristons I to and				
Name of New Registered Agent			 .	
	(Florida stree	t address)		
New Registered Office Address:			, Florida	<u> </u>
	(C	'ity)	(Z)	p Code)
New Registered Agent's Signature, if changing Reg				
Thereby accept the appointment as registered agent.	I am familiar wii	th and accept the oblig	gations of the position	7.
	A d'Mara B			
Sign	iature of New Reg	gistered Agent, if chan	ging	

Check if applicable

☐ 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)

Example:

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>P1</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	ARRON Z. GLICKMAN	
Add			
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	

The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be ocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
-	(voting group)	
12/6/21 Dated		
Signature Rya	n	_
selected	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	Ryan J. Timberg	
-	(Typed or printed name of person signing)	
Ī	President	
-	(Title of person signing)	