30000591100

R)	Requestor's Name)
A)	(ddress)
A)	Address)
(C	ity/State/Zip/Phone #)
	WAIT MAIL
(E	Business Entity Name)
	Ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only

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C. GOLDEN FEB 1 2 2020

## COVER LETTER

TO: Amendment Section Division of Corporations

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DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

YINA FRASURE

Name of Contact Person

FLORIDIAN MEDICAL GROUP, INC.

Firm/ Company

804 Emmett Street

Address

Kissimmee, FL 34741

City/ State and Zip Code

yfrasure14@gmail.com

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

For further information concerning this matter, please call:

 YINA FRASURE
 at (407)
 744-1130

 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

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 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 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FLORIDIAN MEDICAL GROUP, INC.

• • • • •

	nion as currently then with the Fi	lorida Dept. of State)
P13000059160		
(Doc	ument Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607.1006. Flori its Articles of Incorporation:	da Statutes, this <i>Florida Profit Cor</i> i	<i>poration</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp." "Inc "chartered." "professional association." or the abb	e," or "Co". A professional cor	orporated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address, if applicab</u> (Principal office address <u>MUST BE A STREET AL</u>		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE B</u>		
<ol> <li>If amending the registered agent and/or regist new registered agent and/or the new registered <u>Name of New Registered Agent</u></li> </ol>		
	(Florida street address)	
New Registered Office Address:		Florida

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

Signature of New Registered Agent, if changing

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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)

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

## X Change <u>PT</u> John Doe X Remove $\underline{V}$ Mike Jones $\underline{SV}$ Sally Smith Type of Action Title <u>Name</u> Address (Check One) 1) X Change VP. MICHAEL FRASURE 804 Emmett Street Kissimmee, FL 34741 \_\_\_\_ Add \_\_\_\_ Remove р **YINA FRASURE** 804 Emmett Street 2) \_\_\_\_ Change Х Kissimmee, FL 34741 \_ Add \_\_\_\_\_ Remove 3) \_\_\_\_ Change \_\_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add Remove

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

(Attach additional sheets, if necessary). (Be specific)

..... ..... . 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) \_\_\_\_ \_\_\_\_ -----\_\_\_\_\_

<ul> <li>The date of each amendment date this document was signed</li> </ul>		, if other than the
Effective date if applicable:	01/13/2020	
	(no more than 90 days after amendment file date)	;,, <b>,,,,,,,,</b> ,,,,,,,,,,,,,,,,,,,,,,
	this block does not meet the applicable statutory filing requirements, this date v he Department of State's records.	vill not be listed as the

Adoption of Amendment(s) (CHEC

(CHECK ONE)

- □ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- □ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_

. . . . .

(voting group)

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

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

01/10/201	20
Dated	<u>_</u>
Signature	ma Frasure
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)

YINA FRASURE

(Typed or printed name of person signing)

P

(Title of person signing)