Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000398774 3)))



H210003987743ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089
Phone : (305)444-8800
Fax Number : (305)444-4010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Caupna houadus 8015.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN FRAZIL MD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

nct 28 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

2021 OCT 27 AN 7.50

To:

10/26/2021 5:38 PM

Articles of Amendment to Articles of Incorporation of

· •	••	
FRAZIL MD, INC.		1
(Name of Corporation as cur	rently filed with the Fl	lorida Dept. of State)
213000078221		
(Document Num	ther of Corporation (if k	nown)
tursuant to the provisions of section 607:1006, Florida Statutes is Articles of Incorporation:	, this <i>Florida Profit Cor</i>	rporation adopts the following amendment(s
. If amending name, enter the new name of the corporation	in.	
The lieu and the conference	1114	
		The new
name must be distinguishable and contain the word "corporation "The.," or Co.," or the designation "Corp," "Inc." or "Co "chartered," "professional association," or the abbreviation	. A professional cor	orporated" or the abbraviation "Corp.," poration name must contain the word
Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
_		
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
). If amending the registered agent and/or registered office	address in Florida, en	ter the name of the
new registered agent and/or the new registered office pil	dress:	
Name of New Registered Agent		
	· · · · · · · · · · · · · · · · · · ·	!
- CTM	<u> </u>	<u> </u>
(Ftori	du street address)	
New Registered Office Address:		, Florida
	(Citý)	(Zip Code)
		•
ew Registered Agent's Signature, if changing Registered A	gênt;	
hereby accept the appointment as registered agent. A am fami	liar with and accept the	obligations of the position.
Simplify of N	ew Registered Agent, if o	of annual control of the control of
Signature of M	en wésistetea Askill'ili (cnangmg
heck if applicable		į.
The amendment(s) is/are being filed pursuant to s. 607.0120 (441.4.3.00	1

Page: 4 of 5

If amending the Officers and/or Directors, enter the title and name of each officer/di	irector being removed and title, name, and
address of each Officer and/or Director being added:	
(Attach additional theats if necessary)	i

(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, Sully Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mika Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PΙ	John D	loc				
X Remove	<u>v</u>	Mike Jones					
_X Add	SV	Sally Smith					
Type of Action (Check One)	<u>Title</u>		Name	Address .			
I) X Change	P	_	FRANCISCO A DA COSTA	31 SE 5TH STREETSUITE 3121			
Add				MIAMI, FL 3313			
Кеточе				F			
2) Change		_					
Add'							
Remove 3)Remove		_		<u> </u>			
Add		•		;			
Remove							
4)Change		_					
Add							
Remove							
5) Change		_					
Add			•				
Remove							
6) Change		_					
Add							
Remove				<u> </u>			

(Title of person signing)

Fax: (850) 617-6380

Page: 5 of 5

10/26/2021 5:38 PM

From: Angelica Mohamad

Fax: 13052638155

To:

NAISION OF COMPONALITY ANIO: 1