## P15000000051

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amend

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Northstor Collaborative Health Inst DOCUMENT NUMBER: P15 000000 5 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Name of Contagnesson

North Star Collaborative Hill History

Firm Company Paln BeACh GARdens FC 33410
City/ State and Zip Code For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

TO: Amendment Section

□\$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 Street Address

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

## Articles of Amendment

to

## Articles of Incorporation of

Northstar Collaborativ	e Health Trist.		
(Name of Corporation	on as currently filed with the Florida Dept.	of State)	
<u> P15 0000000 51</u>			_
(Docum	ent Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation add	pts the following amendment(s)	) ti
A. If amending name, enter the new name of the con	rporation:		
		The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the a	" "Inc," or "Co". A professional corporat	ated" or the abbreviation	
B. Enter new principal office address, if applicable:		,	
(Principal office address <u>MUST BE A STREET ADD</u>	RESS )	<u> </u>	
		- 55.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	X)	-သ ်နိုင် -သ ်နိုင် -သ	
Indiang duties into the Artographic Box		10 m	_
	<del></del>		4
		5 5	7
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		of the	
Name of New Registered Agent			
		<del></del>	
	(Florida street address)		
New Registered Office Address:		Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.		of the position.	
Signa	nture of New Registered Agent, if changing	<del></del>	

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>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PICEO	James O. Hill "	4599 SE HAISTON CT
Add	/		Sturt FC
Remove			34997
2) Change	<u>S</u>	Anntonette Hill	4399 SE HAISTON CF
_X_ Add			Stuart R
Remove			34997
3) Change			
Add			
Remove			
4) Change	<del></del> -		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>	<del></del>	
Add			
Remove			

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)	eles, enter change(s) here: (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:		
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shar	es,
	dment if not contained in the amendment itself:	
		ange, reclassification, or cancellation of issued sharndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, 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 block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated6/25/18	
Signature James Mill E	
(By a director, president or other 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 fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
P/CEO	
(Fitle of person signing)	_