P16000013398

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SECRETARY OF STALL

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: P16000013398 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 191st E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 226 5747

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 & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Conv Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to **Articles of Incorporation** of

Articles of Inco	rporation	2022 APR SECRETA
(Name of Corporation as currently		(a) SS = 1
1ST BPR OF Miam (Document Number of	ii Inc	79 3
(Document Number of	Corporation (if known)	753 = 0
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the	following aniendment(s) to
A. If amending name, enter the new name of the corporation:		
Maxcure Neurological and Ortname must be distinguishable and contain the word "corporation," "co". Inc.," or Co., " or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the al	bbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	- NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ess in Florida, enter the name of the	<u>c</u>
(Florida street New Registered Office Address:	et address) A Florida City)	1(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the p	position.
Signature of New Res	gistered Agent, if changing	

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)

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.

Example:

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	NIA	<u>Addres</u> s	
D Change					
Add					
Remove					
2) Change					<u> </u>
Add					
Remove 3) Change		<u> </u>			
Add					
Remove					
4) Change	<u> </u>	<u> </u>			
Add					
Remove					
5) Change					
Add				494	
Remove					
6) Change		<u> </u>			
Add					
Remove					

(Attach	nding or adding additional additional additional sheets, if necessar	Articles, enter chary). (Be specific)	ange(s) here:			
	NA		-			
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provis	mendment provides for an cions for implementing the	amendment if not	fication, or cance contained in the	llation of issued sh amendment itself:	ares,	
(ij	not applicable, indicate N/A)				
	NA		<u> </u>			
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The date of each amendment(s) ado	option: 01 01 2022	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	nck does not meet the applicable statutory filing requirements, this datertment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder acti	on and shareholder
W. The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(ficient for approval.	(s)
	oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
Signature/	ector, president or other officer in directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	rt
_	(Typed or printed name of person signing)	<u> </u>
	President.	<u> </u>
	(Title of person signing)	