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JUN 02 2017 R. WHITE



COVER LETTER

Division of Corporations NAME OF CORPORATION: Leonard Berkowitz MD PA

DOCUMENT NUMBER: 100299277601 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Leonang Berkowitz

Name of Contact Person

Leonang Berkowitz Do PA

Firm/Company

347 N New Giver DR E # 1108

Address

Ft Lauderdate, FL 33301

City/State and Zip Code

Doctor LKB (a) Hotmail. Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Terry SANTINI CPA at 954 474-9000

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 & □\$43.75 Filing Fee & □\$52,50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

17 MAY 30 PH 3: 14

Articles of Amendment to Articles of Incorporation

(Name of Corporation as curren	tly filed with the F	orida Dept.	of State)		•
LEONARD BER (Document Number	KOWITZ	MD	PA		
(Document Numb	er of Corporation (it	known)			-
Pursuant to the provisions of section 607.1006, F neorporation:	lorida Statutes, this	corporation	adopts the follo	wing amendment(s) to its Articles
A. If amending name, enter the new name of t	ne corporation:				
LEONARD BERK name must be distinguishable and contain the	COWITZ ?	00 PA	-		The new
"Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," or	Corp," "Inc," or "C the abbreviation ".	Co". A proj	y," or "incorpe essional corpore	orated" or the a ation name must (bhreviation contain the
 Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u> 					• •
					<u>-</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)				-
		 -		· · · · · · · · · · · · · · · · · · ·	-
			· ·		-
 If amending the registered agent and/or reg new registered agent and/or the new registered. 	istered office addr red office address:	ess in Florid	a, enter the nar	ne of the	
Name of New Registered Agent	d and the order to the contract of the contrac			•	
<u></u>	(Florida str	eet address)	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			, Florida		-
	(City)			(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent.				

Signature of New Registered Agent, if changing

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Change			
Add			
Remove			

(f amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
_	
_	
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-	
_	
_	
-	
_	
	an 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)
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	·

INCEPTION	
The date of each amendment(s) adoption: MAY 15 2017 date this document was signed.	
Effective date if applicable: /NCEPTION MAY 15 2017 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
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)	
☐ 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.	
Dated MAY 22 2017 Signature Lernoud Butint	
(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)	
President	
(Title of person signing)	_