

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | :#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



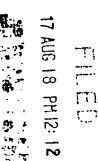
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FILING CANCELLED RETURNED CHECK

08/18/17--01018--019 **35.00

AMG 23 2017

R. W. ...



COVER LETTER

FILING CANCELLED RETURNED CHECK

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | TION: A, M.D. | Kehab And | Repail Inc. |
|----------------------------|---|--|---|
| DOCUMENT NUMBER | R: <u>P1700005</u> | 4075 | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | |
| Please return all correspo | ndence concerning this ma | tter to the following; | |
| | Allen Do | Name of Contact Person | 1 |
| | A.M.D. Rel | Oab and Le | pair Toc |
| <u>_(</u> | 025 Oakle | af Plantalic | n Pkwy cnit 1213 |
| | Orange Pa | City/ State and Zip Cod | 65 e |
| _ <u>A</u> (| E-mail address: (to be us | ed for future annual report | notification) |
| For further information co | oncerning this matter, pleas | se call: | |
| Allen Dag Name of C | Contact Person | at (904 Area Co | de & Daytime Telephone Number |
| Enclosed is a check for th | ne following amount made | payable to the Florida Depa | artment of State: |
| №, \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 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

FILING CANCELLED RETURNED CHECK

Articles of Amendment

| Articles of In | . · · |
|---|--|
| A.M. D. Behap | And Projet In |
| (Name of Corporation as current | ly filed with the Florida Pept. of Signe 2 |
| (Document Number of | of Corporation (in the composition of Corporation (in the corporation of Corporation of Corporation of Corporation of Corporation of Corporation (in the corporation of Corporat |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this | |
| its Articles of Incorporation: | Thornus Projet Corporation 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 "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | m," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | 625 Oakleaf Plantation Pru |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | unit 1213 |
| | Orange Park FL 32065 |
| C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) | 625 carreat Plantation Prwy |
| | unit 1213 |
| | Ocange Park FL 32065 |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address | |
| Name of New Registered Agent | |
| / ———————————————————————————————————— | |
| | reet address) |
| New Registered Office Address: | (City) , Florida (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent | |
| I hereby accept the appointment as registered agent. I am familiar | with and accept the obligations of the position. |
| N/A | |
| Signature of New I | 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 | PT | John Doe | FILING CAN | CELLED |
|-------------------------------|--------------|-------------|---------------|--|
| X Remove | <u>V</u> | Mike Jones | RETURNED | |
| X Add | <u>SV</u> | Sally Smith | - | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | <u>Addres</u> s |
| 1) Change | VP | Ama | nda Haffingin | 1947 St George Ct |
| Add Remove | | | | middleburg, FL 30068 |
| 2) Change Add Remove | 2 | Alten | Danter | 1025 Oakleaf Plantation Phwy Unit 1213 Crange Park, FL 32065 |
| 3) Change Add Remove | <u> </u> | | | |
| 4) Change Add Remove | | | | |
| 5) Change Add | | | | |
| Remove 6)Change Add Remove | | | | |
| - | | | | |

| E. If amending or adding additional Articles, enter change(s) here | FILING CANCELLED |
|---|-------------------------------|
| (Attach additional sheets, if necessary). (Be specific) | RETURNED CHECK |
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| . If an amendment provides for an exchange, reclassification, or | agneellation of issued charge |
| provisions for implementing the amendment if not contained in (if not applicable, indicate N/A) | n the amendment itself: |
| | |
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| 1 | |

| The date of each amendment(s) adoption: 8/15/17 date this document was signed. | , if other than the |
|--|---------------------------------------|
| Effective date if applicable: (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 document's effective date on the Department of State's records. | , this date will 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 amen by the shareholders was/were sufficient for approval. | ndment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voling group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | areholder |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder | older |
| action was not required. FILING CA | NCELLED |
| Signature (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or other officers.) | O CHECK |
| appointed fiduciary by that fiduciary) | |
| (Typed or printed name of person signing) | |
| (Title of person signing) | |