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ARTHUR J. IGLESIAS, M.D., P.A.

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Arthur J. Iglesias,	M.D., P.A.			
DOCUMENT NUM	P17000080089	<del> </del>	<u>.                                    </u>		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	Lee Lasris				
		Name of Contact Perso	n		
	Lewis Brisbois Bisgaard & Smith, LLP				
	Firm/ Company				
	110 SE 6th Street, Suite 2600				
	* · · · · · · · · · · · · · · · · · · ·	Address			
	Fort Lauderdale, FL 33301				
	City/ State and Zip Code				
	belinda.ward@lewisbrisbois.com				
	ŭ	sed for future annual report	notification)		
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	or the following amount made				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
	endment Section		Iment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

Arthur J. Iglesias, M.D., P.A.

(Name of Cornoration as	currently filed with the Florida Dept. of State	<del></del>	
P17000080089	rearrency med with the Florida Dept. of thate	'	
(Document N	Number of Corporation (if known)		<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the fo	ollowing amendm	ient(s) t
A. If amending name, enter the new name of the corpor	ration:		
name must be distinguishable and contain the word "corpore". Inc., " or Co., " or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation.	"Co". A professional corporation name must	The new reviation "Corp., contain the work	**
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>SS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered of		2020 OCT 2	
new registered agent and/or the new registered office  Name of New Registered Agent	e address:	6 AM	
		က <u>်</u> ကြွင်း	D
(F	Florida street address)	<b>8 8 8 8 8 1 1 1 1 1 1 1 1 1 1</b>	
New Registered Office Address:	(City), Florida_	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am		sition.	
Signature	of New Registered Agent, if changing		
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0	0120 (11) (c), 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 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Hoke Han, M.D.	6030 Hollywood Blvd., Suite 100
$\frac{X}{X}$ Add			Hollywood, FL 33024
Remove			
2) Change			
Add			
Remove 3 ) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional A al sheets, if necessary	). (Be specific)			
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The date of each amendment(s) date this document was signed.	adoption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehole.	der action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amer sufficient for approval.	ndment(s)
	oproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
Dated Oct	See 25, 2020	
<del></del>	director, president or other officer - if directors or officers have no	nt heen
	ed, by an incorporator - if in the hands of a receiver, trustee, or other	
appoi	nted fiduciary by that fiduciary)	
	Arthur Iglesias, M.D.	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	