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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: / Om o	M Leonard PA.
DOCUMENT NUMBER: 917 ØØØ19	00515
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
Mona_	Name of Contact Person Levn ARd, P.A. Firm/ Company
,	AGE WAY Address FL 34996 City/ State and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of Contact Person	at (772) 530-6131 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
\$35 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

Articles of Amendment

to

Articles o	f Incorporation
Mona Mle	or ARA PA
	rently filed with the Florida Dept. of State)
D17000	0100515
(Document Numb	per of Corporation (if known)
·	· · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmenits
A. If amending name, enter the new name of the corporation	
Mona Leona	Rd, P.A. The new
name must be distinguishable and contain the word "corpor" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbreviation.	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	SAME
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	25 a
	ت ابوات
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
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D. If amending the registered agent and/or registered office:	
new registered agent and/or the new registered office add	,
Name of New Registered Agent	VA LEONARD
1 Ha	ritage Way
(Florid	a street address)
New Registered Office Address:	ART Florida 34996
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am famil	iar with and arrent the obligations of the position
rereby decept the appointment as regulered agent. I am juint	ar will are death inc congeniors of the position.
Mar	a Kernand
Signature of No.	ew Registered Agent, if changing

If amending the Offices address of each Offices (Attach additional sheet Please note the officer/of P = President; V = Vico Executive Officer; CFO held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remove Example;	r and/or D is, if necess director title President = Chief I rer, Directe d in the fo eaves the c	Director being add sary) Ile by the first letter t; T= Treasurer; S Financial Officer. or would be PTD. Illowing manner. Corporation, Sally S	ed: of the office title: = Secretary; D= Div If an officer/director Turrently John Doe is mith is named the V	rector; TR= Tr r holds more ti s listed as the F and S. These s	rustee; C = Chairma han one title, list the PST and Mike Jones i hould be noted as Jo	n or Clerk; CE(first letter of e is listed as the V hn Doe, PT as d) = G ach di . Then I Chan	ihief ffice re is
X Change	<u>PT</u>	John Doe		Plead	se chang	Re All n	4	
X Remove	<u>v</u>	Mike Jones		desio	se draws anations Leo-	uto nara	'	FROM
X Add	<u>SV</u>	Sally Smith		11/030	a notes	Mo		ME
Type of Action (Check One)	Title	<u>Name</u>	,	1	<u>Addres</u> s	17107		Leonar
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Remove							-	(j)
2) Change							.	
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5) Change								
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Remove					 	·	1	
6) Change								
Add								
Remove								

=, -,, -, -,, -, -, -	rticles, enter change(s) here:). (Be specific)
	
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	change, reclassification, or cancellation of issued shares,
n amendment provides for an exc	
ovisions for implementing the amo	nendment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, •
Effective date if applicable: /// S // (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 block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I 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 Mona Leonard " (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.	
Dated	
(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)	
Mona Levnard	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

R