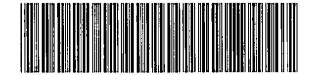


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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: CORN SPRINGS MEDICAL GROYP, THE				
DOCUMENT NUMBER: <u>P1800038192</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
HETTY HERSEL				
Name of Contact Person	_			
Cold SPlings Medical Group, Inc.				
rirm/ Company				
10000 W. SAMPLE ROAD, SYITE A	_			
-				
Cold SPRINGS FL 33065 City/State and Zip Code				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Han Hascer ask 1/15-1920				
Name of Contact Person Area Code & Daytime Telephone Numb				
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				
(Additional copy is Certified Copy				
enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

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WEAR 31212 1/601	CAC TROOP, LAC
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P 180000282	<i>G</i> 2
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	V/A _The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	STITE A
	COLAC SALINGS, FC 33065
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SUITE A
	Cold Steings, FC 33065
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent SON W.	GATLAS, MD
10000 W. SAM	1 PLE ROAD, SUITE A
New Registered Office Address: Cold SPRING	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
	6 WII 4 6
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	Registered Agent, if changing (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 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>	Name	<u>Addres</u> s
1) Change	<u></u>	MOHAMMA) T. SIKIKI	1 11444 HIBBS GLOVE ROM CoofER City FC 33330
Add			Cooter City, FC 33332
Remove			
2) Change			·
Add			
Remove Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
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(if not applicable, indicate N/A) A A	provisions for implementing the ame	endment if not contained in the amendment itself:
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The date of each amendment(s) ado	ption: JANYAKY 31, 2020	, if other than the
date this document was signed.	JANYARY 31, 2000	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this blocument's effective date on the Department.	ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for icient for approval.	the amendment(s)
	wed by the shareholders through voting groups. The fact voting group entitled to vote separately on the ame	
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
(By a dire selected,	etor, president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, trust	
appointed	I fiduciary by that fiduciary)	\
_	(Typed or printed name of person signing)	, M)
	SILGETOL.	
_	(Title of person signing)	