P19000006888

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	ATION: Kamran Azad MD	lnc.		
DOCUMENT NUMB	ER:			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
		Sarah Azad		
-		Name of Contact Person	n	
_		Kamran Azad MD P.A		
		Firm/ Company		
		8202 Bellow Street		
-	· -	Address		
		Orlando, FL 32827		
-		City/ State and Zip Cod	e	
	sarahazad5@gmail.com			
-		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Sarah Azad		at (947-0464	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address adment Section		Address Iment Section	
	ion of Corporations	Division of Corporations		
D O	D 6227	ThaC	ontro of Tallahausaa	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)	
P19000006888		
(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation Kamran Azad MD P.A.		The new
name must be distinguishable and contain the word "corporatio" "Inc.," or Co.," or the designation "Corp," "Inc," or "Corporation" chartered, ""professional association," or the abbreviation	ion." "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain	, n "Coro"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))	
		202)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-
		=======================================
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	ce address in Florida, enter the name of the	26
Manager China Park and Art and		
(Flor	orida street address)	
New Registered Office Address:	•	
New Registerea Office Address:	(City) , Florida (Zip Co	ode)
New Registered Agent's Signature, if changing Registered / I hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.	
Signature of N	New Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120	0 (11) (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	PT	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				<u></u>
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change	-	_		
Ad d				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				

E. <u>If s</u> (Att	mending or adding additional Articles, enter change(s) here: each additional sheets, if necessary). (Be specific)
Article	e III, Purpose, of the Articles of Incorporation is hereby amended to: "The purpose for which the corporation is
organi	ized is to provide medical services."
<u>,-</u>	
F. <u>lf a</u> <u>pr</u>	n 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)
N/A	

The date of each amendment		, if other than the
date this document was signed. Effective date <u>if applicable</u> :	July 1. 2020	
 _	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(size sufficient for approval.	;)
	e approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Jul Dated	ly 1, 2020	
Signature	Kin San San San San San San San San San Sa	
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Kamran Azad	
	(Typed or printed name of person signing)	
	PV5T	
	(Title of person signing)	