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3/1/2019

Division of Corporations

H190000706053

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LEBRON ACCOUNTING SERVICES INC
Account Number : I20110000076
Phone : (813)877-8918
Fax Number : (813)514-2806

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: LEBRONACCOUNTING@YAHOO.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN

A.L. POST SURGERY & RECOVERY CORP.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

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2019 MAR -1 PM 5:00
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TALLAHASSEE, FL

2019 MAR -1 PM 12:16
TALLAHASSEE, FL

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C. GOLDEN

MAR - 4 2019

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A.L. POST SURGERY & RECOVERY CORP.

DOCUMENT NUMBER: P19000016973

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILKA HASKINS

Name of Contact Person

HASKINS & HERRERA

Firm/ Company

5116 N ARMENIA AVE

Address

TAMPA, FL 3603

City/ State and Zip Code

LEBRONACCOUNTING@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILKA HASKINS

at (813) 877-8918

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

H190000706053

Articles of Amendment
to
Articles of Incorporation
of

FILED
H190000706053

2019 MAR -1 PM 12:1

A.L. POST SURGERY & RECOVERY CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000016973

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

10073 W HILLSBOROUGH AVE

TAMPA, FL 33615

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

10073 W HILLSBOROUGH AVE

TAMPA, FL 33615

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(City) (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.

Signature of New Registered Agent, if changing

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	N/A		
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	N/A		
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	N/A		
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	N/A		
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	N/A		
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	N/A		
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. 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)

N/A

FEBRUARY 20, 2019

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: FEBRUARY 20, 2019

(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 not be listed as the document's effective date on the Department of State's records.

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 _____,"
(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.

FEBRUARY 20, 2019
Dated _____

Signature

(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)

ANISLEY LANZA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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