

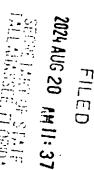
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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08/20/24--01019--008 **85.08



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Diana Morales Firm/ Company 1801 Seaton hum St Address Winter Gardlen, Ft 34787 City/ State and Zip Code mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 & **□\$**43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy 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

Articles of Incorporation

of .	. T.		
Navais Tour		N	
(Name of Corporation as currently		ept, of State)	
<u> </u>			
(Document Number of)	Corporation (11 known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporatio	n adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:			
Names Town Medical			_The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable:	NIA		
(Principal office address MUST BE A STREET ADDRESS)			
			
		····	
C. Enter new mailing address, if applicable:	11A	781 771	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		5 6	<u></u>
		8 6	
		7,7	0
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the	name of the	
-	liA	9.7 9.7	
Name of New Registered Agent	0 (11		
(Florida stree			
New Registered Office Address:N	<u>/ F</u> } Litv)	, Florida /Zip C	Co. Lo.
, c	((y)	(Дф.	oae)
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obliga	tions of the position.	
Signature of New Reg	gistered Agent, if changi	ng	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = President, Treasurer, Dire Changes should be noted	and/or D if necess rector titl President Chief Fi ector wor in the for	irector being added: ary) the by the first letter of the office title: The Treasurer; She Secretary; Dhe Direction of the Office title: The Treasurer; She Secretary; Dhe Direction of the PTD. The Identity I will be proposed to the Normal Security of the Normal Security I will be proposed to the Normal Security I will be p	ach officer/director being removed and title, name, and stor; TR= Trustee; C = Chairman or Clerk; CEO = Chief ds more than one title, list the first letter of each office held. isted as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
Example:			
X Change	<u>b.l.</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			

__ Remove

4) ____ Change

____ Add

5) ____ Change

____ Add

6) ____ Change

____ Add

____ Remove

____ Remove

____ Remove

	additional Arti s, if necessary).	(Be specific)				
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an amendment prov	idee for an evel	range reclassi	ification or can	cellation of issue	ed shares.	
an amendment prov	enting the ame	ndment if not	contained in th	ie amendment it	self:	
provisions for implem	indicate N/A)					
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The date of each a date this document	amendment(s) adoption:	, if other than the
Effective date <u>if a</u> j	pplicable: (no more than 90 days after amendment file date)	
	inserted in this block does not meet the applicable statutory filing requirements, this ive date on the Department of State's records.	date will not be listed as the
Adoption of Amen	ndment(s) (CHECK ONE)	
The amendment action was not re	at(s) was/were adopted by the incorporators, or board of directors without shareholder a required.	ction and shareholder
	it(s) was/were adopted by the shareholders. The number of votes cast for the amendme lders was/were sufficient for approval.	ent(s)
	a(s) was/were approved by the shareholders through voting groups. The following state attely provided for each voting group entitled to vote separately on the amendment(s):	ement
"The numb	iber of votes cast for the amendment(s) was/were sufficient for approval	
py	(voting group)	
	Dated	
v	(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other c appointed fiduciary by that fiduciary)	
	Diana Morales	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	