

P20000012646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

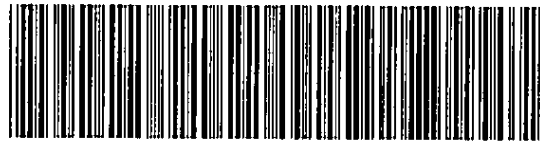
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100376039401

11/05/21--01027--008 **35.00

FILED
2021 NOV -5 PM 3:22
CLERK OF STATE
TALLAHASSEE, FL

Y. GULKER

NOV 23 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Wheel Medical, P.A.

DOCUMENT NUMBER: P20000012646

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

Please return all correspondence concerning this matter to the following:

Legal Department
Name of Contact Person
Wheel Medical, P.A.
Firm/ Company
2330 S Lamar Blvd. #300
Address
Austin, TX 78704
City/ State and Zip Code
legal@wheel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cecily Harris at (734) 657-0553
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Wheel Medical, P.A.

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

P20000012646

(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**)

2330 S Lamar Blvd

Suite 300

Austin, TX 78704

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

2330 S Lamar Blvd

Suite 300

Austin, TX 78704

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: _____, 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

Check if applicable

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

FILED
2021 NOV -5 PM 3:22
CLERK OF STATE
TALLAHASSEE, FL

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 Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PTSD</u>	<u>Rafid Fadul</u>	<u>2220 Superior Viaduct Lane</u>
<input type="checkbox"/> Add			<u>APT 11</u>
<input checked="" type="checkbox"/> Remove			<u>Celveland, OH 44113</u>
2) <input type="checkbox"/> Change	<u>DS</u>	<u>Adam Sasso</u>	<u>1525 23rd Street South</u>
<input checked="" type="checkbox"/> Add			<u>Arlington, VA 22202</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>PT</u>	<u>Michael Falgiani</u>	<u>1138 Northwest 136th Street</u>
<input checked="" type="checkbox"/> Add			<u>Newberry, FL 32669</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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)

Rafid Fadul was the sole shareholder of Wheel Medical, P.A. and held 100% of authorized and issued shares.

Rafid Fadul transferred his shares to Adam Sasso.

Adam Sasso transferred a portion of his shares to Michael Falgiani.

Adam Sasso now holds 51% of authorized and issued shares.

Michael Falgiani now holds 49% of authorized and issued shares.

The original Articles of Incorporation do not list the shareholder(s).

October 15, 2021

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

Effective date if applicable: _____
(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.

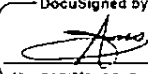
Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

11/1/2021

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)

Adam Sasso

(Typed or printed name of person signing)

Director

(Title of person signing)