P20000 34234

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATI	on: Heart:	2 Heart Fan	nily Practice, P.A.	
DOCUMENT NUMBER:	P200000	34234	nily Practice, P.A.	
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.		
Please return all correspond	lence concerning this ma	tter to the following:		
	Do	licia Green	$\hat{}$	
		Name of Contact Person		
	Hears	Firm/ Company	amily Practice	
		26 SR 100		
		Address		
	M;	City/ State and Zip Code	32666	
winnis Sin-In-ri		City/ State and Zip Code	2	
For further information con			-Carrily practice, com	
Dollicia C	arcen	at (386)	916-0313 (CCII)	
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A			Address	
	ent Section		ment Section	
P.O. Box	of Corporations 6327		n of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

ΛĒ

HEART 2 HEART FAMILY PRACTICE, P.A.

	rently filed with the Florida Dept. of State)
P2000	0034234
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	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 "F	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2028
C. Enter new mailing address, if applicable:	5
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	10:2
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
	a Green
1326 Gillionia	SR 100\$ In street address)
1 101000	·
New Registered Office Address:	(City) , Florida (Lip Code)
(Name en original docume	
New Registered Agent's Signature, if changing Registered Ag	gent:
hereby accept the appointment as registered agent. I am famil	liar with and accept the obligations of the position.
Mulician Signature of Ne	AUA ew Registered Agent, if changing
Charle if a == limble	a man ry to a a
Check if applicable	(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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>ŞV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>CTOIP</u>	Dollicia Gren	430 Lake Shore Dr
℥ _∆dd			430 Lake Shore Dr Intervaction F1 3214
Remove 2) Change Add	<u>coo/o</u>	Panela Callan	108 Simpson CT Interlacion Fl 32148
Remove 3) Change			
Add Remove 4) Change Add			
Remove 5) Change Add		 _	
Remove 6) Change Add			
Remove			

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

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	May 5 2020	
interive date in appreniate.	May 5 2020 (no more than 90 days after amendment file	date)
Note: If the date inserted in this bi document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for th flicient for approval.	ne amendment(s)
	roved by the shareholders through voting groups. The foleach voting group entitled to vote separately on the amen	~
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected	rector, president or other officer – if directors or officers I I, by an incorporator – if in the hands of a receiver, trustee ed fiduciary by that fiduciary)	
	Milicia Garas	
	(Typed or printed name of person signing)	
	CEO I President	
	(Title of person signing)	