P200000 41910

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
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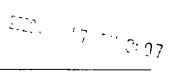
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TEAM H&L MIA	MI P.A.	
DOCUMENT NUMI	P20000041910		·····
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	HENRY F. SANZ		
	• • •	Name of Contact Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	10857 SW 244TH TER		
	HOMESTEAD, FL 33032	Address	
		City/ State and Zip Code	<u>.</u>
	TEAMHLMIAMI@GMAIL	•	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea		
HENRY F. SANZ		at (345-2188 de & Daytime Telephone Number
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	uriment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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



TEAM H&L MIAMI P.A.

(Name of Corporatio	on as currently filed with the Florida Dept. of State)	
P20000041910		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	owing amendment(s) t
A. If amending name, enter the new name of the co	orporation:	
HENRY F. SANZ P.A.		The new
	rporation," "company," or "incorporated" or the abbrev or "Co". A professional corporation name must coviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
SCH ACQUARTER OFFICE ARRESS.		Zip Code;
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	istered Agent: I am familiar with and accept the obligations of the posit.	ion.
Signa	tture of New Registered Agent, if changing	
Chack if annicable		

☐ The amendment(s) is/are being filed pursuam to s. 607.0120 (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 = Chairmon 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		_	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
2) Change			
Add			
Remove 3.) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			·····

	nal sheets, if necessary	3). (Be specific)			
N/A						
	•••					
		 				
	•			<u>.</u>		
<u> </u>						
			 		·	
					_	
r. <u>II an amendn</u> provisions fo	ent provides for an e r implementing the a	<u>xchange, reclass</u> mendment if not	<u>ification, or canc</u> t contained in th	<u>ellation of issue:</u> e amendment its	<u>a snares,</u> elf:	
(if not ap	olicable, indicate N/A)				
N/A						

The date of each amendment(s) adoption:
Proposition data of complementary
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 ."
by
JUNE 16, 2020 Dated
Signature Henry F. Sanz (By a director, president evolther 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)
HENRY F. SANZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

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