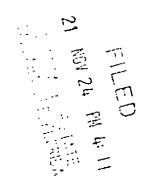
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T. LEMIEUX DEC 14 2021

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Kaiser 2000000989 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Brickell Ave Suite 20100 City/ State and Zip Code For further information concerning this matter, please call: at (411) 808 1305

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** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation of

| (Name of Corporation as current) | y filed with the Florida Dept. of State) |
|---|---|
| Kaiser P.A. | , |
| (Document Number o | f Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | Tri and |
| name must be distinguishable and contain the word "corporation," "o". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | 4 professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | N/A |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | NIA |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address | |
| Name of New Registered Agent N/A | |
| | |
| | eet address) |
| New Registered Office Address: NA | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent | |
| I hereby accept the appointment as registered agent. I am familiar | |
| N/A | |
| Signature of New R | egistered Agent, if changing |

Check if applicable

☐ The amendment(s) is/are being filed pursuant 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 = 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.

| X Change | <u>PT</u> | John Doe | |
|-------------------------------|-----------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | , |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | ecessary). (Be | e specific) | | | |
|-----------------------------|----------------|---------------------|--------------------|-------------------|-------------|
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| If an amendment provides f | for an exchang | e. reclassification | ı. or cancellation | of issued shares. | |
| provisions for implementing | ng the amendm | ent if not contain | ned in the amend | ment itself: | |
| (if not applicable, indica | ute N/A) | | | | |
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| The date of each amendment(s) adoption: | | , if other than the |
|--|---|---------------------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | no more than 90 days after amendment file date) | |
| (n | no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not a document's effective date on the Department of Sta | meet the applicable statutory filing requirements, this date ate's records. | will not be listed as the |
| Adoption of Amendment(s) (CHEC | CK ONE) | |
| The amendment(s) was/were adopted by the inc action was not required. | corporators, or board of directors without shareholder action | and shareholder |
| ☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app | archolders. The number of votes cast for the amendment(s) proval. | |
| | hareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendn | nent(s) was/were sufficient for approval | |
| by | ." | |
| (voting | group) | |
| Dated | | |
| Signature Micole | - le faiser | |
| (By a director, presider | nt or other officer - if directors or officers have not been | |
| selected, by an incorporate special fiduciary by | orator – if in the hands of a receiver, trustee, or other court (that fiduciary) | |
| ,, | | |
| <u> Micol</u> | l Kaiser | |
| (Ту | ped or printed name of person signing) | |
| | sident | |
| (Tit | tle of person signing) | |