P20000059386

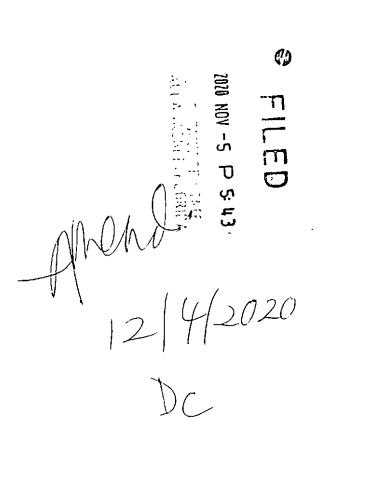
(Req	uestor's Name)	
.bbA)	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Mohsen So	ofian, D.O., Inc.		
	_{1BER:} P20000059386			
	es of Amendment and fee are su	bmitted for filing.		
Please return all con	respondence concerning this ma	tter to the following:		
	Dr. Mohsen Soofian			
		Name of Contact Person	1	
	Mohsen Soofian, [D.O., Inc.		
		Firm/ Company		
	9737 NW 41st Stre	eet, Unit 204		
		Address		
	Doral, FL 33178			
		City/ State and Zip Cod	e	
ms	@therenaclinic.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati Mohsen Soofian	ion concerning this matter, pleas		չ 898-1317	
	e of Contact Person		de & Daytime Telephone Number	
Enclosed is a check \$35 Filing Fee	for the following amount made \$43.75 Filing Fee & Certificate of Status			
	ailing Address mendment Section		is enclosed) Address	
	vision of Corporations		Amendment Section Division of Corporations	
	O. Box 6327		Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
		I di idii		

Articles of Amendment to Articles of Incorporation of

Mohsen Soofian, D.O., Inc.		
(Name of Corporation as curr	ently filed with the Florida Dept. of	State)
P20000059386		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopt	s the following amendment(
A. If amending name, enter the new name of the corporation	<u>:</u>	
		The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation	
B. Enter new principal office address, if applicable:	9737 NW 41st Street	@
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Unit 204	792
	Doral FL 33178	5 T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9737 NW 41st Street	- J
	Unit 204	
	Doral FL 33178	1 5 E
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		f the
Name of New Registered Agent		
(Floria	da street address)	
New Registered Office Address:	·	orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	(City)	(Zip Code)
I hereby accept the appointment as registered agent. I am famil	tar with and accept the obligations of	the position,
Signature of No.	ew Registered Agent, if changing	

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	<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	Address
I) Change	PTS	Mohsen Soofian	9737 NW 41st Street, Unit 204
X_{Add}			Doral, FL 33178
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
Add FEIN: 85-2438994	
.	
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
If an amendment provides for an exch	lange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment	t(s) adoption: October 30, 2020	, if other than the
date this document was signed	l.	
Effective date <u>if applicable</u> :	October 30, 2020	
incente date it applicable.	(no more than 90 days after amendment file date)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	nent(s)
	re approved by the shareholders through voting groups. The following steed for each voting group entitled to vote separately on the amendment(s)	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/we	re adopted by the board of directors without shareholder action and share re adopted by the incorporators without shareholder action and sharehold	
action was not required.		
Dated Octo	ober 30, 2020	
Signature _	A P	
(F	By a director, president or other officer—if directors or officers have not elected, by an incorporator—if in the hands of a receiver, trustee, or other ppointed fiduciary by that fiduciary)	
	Mohsen Soofian	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	