P20000091436

| (Re | questor's Name) | | |
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| PICK-UP | WAIT | MAIL | |
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| | | | |
| (Do | cument Number) | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | DRATION: ARCHBELL MED | DICAL SERVICES INC | | |
|--|---|--|--|--|
| DOCUMENT NUM | P20000091436 | | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | | |
| Please return all corr | respondence concerning this ma | atter to the following: | | |
| | Lance Rachbind | | | |
| | | Name of Contact Perso | n | |
| | Archbell Medical Services | | | |
| | | Firm/ Company | | |
| | 10970 NW 17th Place | | | |
| | | Address | | |
| | Coral Springs, FL 33071 | | | |
| | | City/ State and Zip Cod | | |
| | archbellmedical@yahoo.com | 1 | | |
| | - | sed for future annual report | notification) | |
| For further informati | ion concerning this matter, plea | se call: | 263-1419 | |
| Name of Contact Person | | | de & Daytime Telephone Number | |
| Enclosed is a check | for the following amount made | payable to the Florida Dep | artment of State: | |
| ■ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address | | Street Address | | |
| | mendment Section | | Iment Section | |
| | Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee | | | |
| P.O. BOX 6327 Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

| .F.C. and a saking an account | | |
|--|---|---|
| or Corporation as curre | ently filed with the Florida Dep | t. of State) |
| (Document Number | er of Corporation (if known) | |
| 1006, Florida Statutes, t | his Florida Profit Corporation a | dopts the following amendment(s) t |
| ame of the corporation | <u>:</u> | The new |
| Corp, " "Inc, " or "Co" | . A professional corporation r | or the abbreviation "Corp.," |
| <u>if applicable:</u> TREET ADDRESS) | N/A | |
| | | PH IZ |
| N/A | | 23 |
| (Florida | | _, Florida |
| ered agent. I am famili Signature of Ne | ent: iar with and accept the obligation w Registered Agent, if changing | (Zip Code) as of the position. |
| | ame of the corporation IC I the word "corporation "Corp," "Inc," or "Co" To the abbreviation "P. If applicable: TREET ADDRESS Indicable: OFFICE BOX IN/A N/A N/A (Florida Anging Registered Agered agent. I am familia Signature of Ne | the word "corporation," "company," or "incorporated Corp," "Inc," or "Co". A professional corporation of the abbreviation "P.A." if applicable: TREET ADDRESS N/A icable: OFFICE BOX) Addor registered office address in Florida, enter the naw registered office address: N/A |

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)

Example:

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>P1</u> | John Doc | <u>2</u> | |
|-------------------------------|--------------------------|--------------|-------------|---------------------------------------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jon | <u>nes</u> | |
| X Add | <u>sv</u> | Sally Sm | ith | |
| 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 | | | | |

| E. If amending or adding additional Arti (Attach additional sheets, if necessary). | cles, enter change(s) (Be specific) | here: | | |
|---|--|--|---------------------------------|-------------|
| N/A | (ne specyre) | | | |
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| F. If an amendment provides for an exch provisions for implementing the ame | ange, reclassification | <u>n, or cancellation o</u> ned in the amendm | f issued shares, ent itself: | |
| (if not applicable, indicate N/A) | | | | |
| N/A | | | | |
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| | N/A | |
|---|--|--|
| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
| iaie iiis documeni was signed. N | 'A | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendmen | t file date) |
| Note: If the date inserted in this document's effective date on the | block does not meet the applicable statutory filing re Department of State's records. | equirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were a action was not required. | dopted by the incorporators, or board of directors with | out shareholder action and shareholder |
| ☐ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast sufficient for approval. | for the amendment(s) |
| | pproved by the shareholders through voting groups. To or each voting group entitled to vote separately on the | |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approv | ral |
| by | | ," |
| · | (voting group) | _ |
| 04/08/20 | 24 | |
| 04/08/20 Dated | | |
| | | |
| Signature | | |
| selec | director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, to nted fiduciary by that fiduciary) | |
| | LANCE RACHBIND | |
| | (Typed or printed name of person signing | (1) |
| | PRESIDENT | |
| | (Title of person signing) | _ |