## P21000006674

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	One Source Memer	II OF PIOBON, 17X		
NAME OF CORT	P21000006674			
DOCUMENT NUN	IBER:		· · · · · · · · · · · · · · · · · · ·	
The enclosed Article	s of Amendment and fee are sul	omitted for filing.		
Please return all corr	respondence concerning this mat	ter to the following:		
	Trevor McElhaney, JD			
		Name of Contact Persor	1	
	DoctorsLegal, PLLC			
		Firm' Company		
	10401 Kingston Pike			
	Address			
	Knoxville, TN 37922			
		City/ State and Zip Code	2	
	tmcelhaney@doctorslegal.	.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informa	tion concerning this matter, plea-	se call:		
Trevor McElhancy, JD  Name of Contact Person		865 at (	531-0176	
		at () Area Code & Daytime Telephone Number		
Enclosed is a check	; for the following amount made	payable to the Florida Depa	irtment 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 Talluhassee, Fl. 32314		Amend Divisio The Co	Address Intent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

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Tullahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

One Source Medical of Florida, P.A.

P2100006674	arrently filed with the Florida De	ept. of State)	
(Document Nu	mber of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation	adopts the following a	mendment(s)
A. If amending name, enter the new name of the corporat Ankle & Foot Associates of Florida, P.A.	lion:	T)	lie new
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp.," "Inc," or "Contain the abbreviation of the abbreviation of the abbreviation."	Co". A professional corporation	d" or the abbreviation ' name must contain b	'Corp.," he word
B. Enter new principal office address, if applicable: (Principal office address MUST RE A STREET ADDRESS			
		S Till	202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ACR ACR	
		HASSI	<u>v</u> []
D. If amending the registered agent and/or registered off	lice address in Florida, enter the r	name of the	
new registered agent and/or the new registered office N/A Name of New Registered Agent	address:		ထ
**	lorida street address)	<del></del>	
N/A  New Registered Office Address:	(City)	, Florida(Zip Con	le)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	d Agent: familiar with and accept the obligat	ions of the position.	
Signature o	of New Registered Agent, if changing	ng	
Check if applicable  The amendment(s) is/are being tiled pursuant to s. 607.0	120 (14) (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	PT	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes .	
<u>X</u> Add	<u>\$V</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				***
Remove 3 ) Change				
Add		-		
Remove				
4) Change		_		
Add				
Remove				···
5) Change		=		
Add				
Remove				
б) Change				
Add		-		
Remove				

(Attach additional sheets, if necessary). (Be specific)	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	

E. If amending or adding additional Articles, enter change(s) here:

N/A The date of each amendment(s) adoption: \_\_, if other than the date this document was signed. May 25, 2021 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. (CHECK ONE) Adoption of Amendment(s) ■ 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 east 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 (voting group) Dated\_May 25, 2021 Signature (By a director, president or other 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) Asma Kham, DPM

(Typed or printed name of person signing)

(Title of person signing)

Director