# Pa100006984

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#### COVER LETTER

TO: Amendment Section Division of Corporations

## NAME OF CORPORATION: \_\_\_\_

DOCUMENT NUMBER: P21000006984

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Sisler

Na	me of Contact Person			
Atruistic Nursing Services, Inc	Altruistic	Medical	Academy	JNL
	Firm/ Company		J	•

1253 Park St

Address

Clearwater, Florida 33756

City/ State and Zip Code

Christina.s@altruisticmedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Christina Sisler** 

Name of Contact Person

at (269) Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327

Street Address Amendment Section **Division of Corporations** The Centre of Tallahassee

#### Articles of Amendment to Articles of Incorporation of

#### (Name of Corporation as currently filed with the Florida Dept. of State)

#### Altruistic Medical Academy, Inc.

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

#### A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1253 Park St Clearwater, Florida 33756 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) <u>New Registered Office Address:</u> , Florida (Citv) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 1.U2 - 1 PH Signature of New Registered Agent, if changing Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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### 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  $\mathbf{PT}$ John Doe X Remove  $\underline{V}$ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) VP Stacy M Tanner 1512 PINEAPPLE LANE Clearwi 1) \_\_\_\_ Change \_\_\_\_ Add х Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 3) \_\_\_\_ Change \_\_ Add Remove 4) \_\_\_\_ Change Add Remove 5) \_\_\_\_ Change Add \_\_\_ Remove 6) \_\_\_\_ Change \_\_\_ Add Remove

	(Be specific)
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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The date of each amendment(s) adoption: _	 	if other than the
date this document was signed.		

#### 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.
- $\Box$  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

2021 JUL -Christing M. Sisler (voting group) hy \_ P Dated  $\sim$ M Signature <u>မှ</u> (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) (Typed or printed name of person signing) (Title of person signing)