## 121000025362

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(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Amendment Section

Division of Corpora	tions		
NAME OF CORPORA	TION: IMAC_	Medical of F	levide PA
DOCUMENT NUMBE	R: <u>P21000</u>	025362	
The enclosed Articles of	Amendment and fee are su	abmitted for filing.	
Please return all correspo	ndence concerning this ma	atter to the following:	
	En	ie Pollock	
<del></del>		Name of Contact Person	1
	TiHC	Michigal of FO	PA
		Firm/ Company	_
	1525	5. Alastaya T.	rail of 105
	<i>∧</i> ! <i>f</i>	Address	
_	Orland	City/ State and Zip Code	<u> </u>
	epo	Sed for future annual report	T.C. Com
	E-mail address: (td be us	sed for future annual report	notification)
Cartain 1 c			
	oncerning this matter, pleas	se call;	
Eric Pol	lock	a1 ( Z 3 ' (	948 3280 de & Daytime Telephone Number
Name of C	ontact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fec	☐\$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)
	Address		Address
	nent Section of Corporations		ment Section of Corporations
P.O. Bo	x 6327	The Ce	ntre of Tallahassee
Tallahas	see, FL 32314		. Monroe Street, Suite 810 ssee, FL 32303
	4	i aitana:	ssec, F1, 32303

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## 'Articles of Amendment

## Articles of Incorporation

IMAC Medical of FL	orida PA	
(Name of Corporation as current	y filed with the Florida Dept	. of State)
(Name of Corporation as current) P2100002536	)	,
(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 ad	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	N/a	an.
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" professional corporation no	The new or the abbreviation "Corp.," ime must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the nam	e of the
Name of New Registered Agent	r la	
(Florida stre	et address)	
New Registered Office Address:	N (d)	l·lorida
	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations	of the position.
li .	4)	
Signature of New Re	gistered 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.

Example:

X Change	PT John i	<u>Doc</u>	
X Remove	V Mike	<u>Jones</u>	
_X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	Address
I) Change	PCEO	Luxungal Rendon Vercarevela	1318 Rober Valley St.
$\cancel{\mathcal{X}}$ $\wedge$ Add			Clerment, FL 34711
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/W	
Add			
Remove			
4) Change		PIA	
Add			<u> </u>
Remove		_	
5) Change		N/A	
Remove		_	
6) Change		NIA	
Add			
Remove			

n additional sheets, if necessary). (Be s					
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	NIA				
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mendment provides for an exchange, re	classification, or	cancellation of	f issued shar	es,	
sions for implementing the amendment (not applicable, indicate N/A)	if not contained	in the amendr	nent itself:		
		·		·	
		<del></del>			
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The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehold	lder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amen fficient for approval.	ndment(s)
must be separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	; statement (s):
	for the amendment(s) was/were sufficient for approval	
by	(voling group)	
Dated	7/26/21	
OS a di selecteo	rector, president or other officer – if directors or officers have no , by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	nt been her court
,	Luisangel Rondon Verenzue (Typed or printed name of person signing)	la
	Owner-	
•	(Title of person signing)	