P21000038663

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Polaris Concierge N RATION:	Medicine, Inc.	
DOCUMENT NUM			· ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Gunel, John		
	Polaris Concierge Medicine, I	Name of Contact Person	
	7901 4th St. N STE 6334	Firm/ Company	
	St. Petersburg FL 33702	Address	
		City/ State and Zip Code	·
	johngunel@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
John Gunel		416 at (4412458
Name	of Contact Person		le & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amenda Division The C ϵ	Address ment Section n of Corporations entre of Tallahassee L Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Polaris Concierge Medicine, Inc.		包
· · · · · · · · · · · · · · · · · · ·	ly filed with the Florida Dept. of State)	(E) (Y)
P21000038663		<u>ر</u> ے
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ring amendme
A. If amending name, enter the new name of the corporation: Polaris Direct Care, Inc.		
Totalis Direct Care, file.		The nev
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must cont	
B. Enter new principal office address, if applicable:	7901 4th St. N STE 6334	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg FL 33702	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St. N STE 6334	
	St. Petersburg FL 33702	
TO 16 amount in the market and mark to 1/2 amount of 60 and 4		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida st	reet address)	_
New Registered Office Address:	, Florida	
	(City) (Zi	ip Codes
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		*1
The copy accept the appointment at regimes ea agest. The amplitude	with and decept the objigations of the position	••
Signature of New F	Registered Agent, if changing	_
Check if unplicable		

☐ 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add	~		
Remove			
4) Change			
Add			
			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sneets, if	necessary). (Be spe	er change(s) here	_		
					
				<u>-</u> .	
					
			 		
					
					
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	 -				
					
					
			*		····
					
If an amendment provides	s for an <u>ex</u> change, re	classification, or	cancellation of i	ssued shares,	
provisions for implement	ting the amendment	if not contained	in the amendmer	it itself:	
(if not applicable, indi	icate N/A)				
_ 	····				
			 -	· · · · · · · · · · · · · · · · · · ·	
<u></u>					
		 			

The date of each amendment(s) adoption:	, if other than the
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 dadocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder actiaction was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
October 27, 2021	
Dated	
Signature (By 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 cour appointed fiduciary by that fiduciary) John Gunel	
(Typed or printed name of person signing) CEO	

(Title of person signing)