P2100058000

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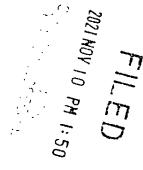


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DR. ROSie's Pedia + 12105					
NAME OF CORPORATION: DR. ROSIE'S Pediatrios DOCUMENT NUMBER: P2100058000					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
RAYMOND (ORREA Name of Contact Person					
Firm/ Company					
S630 NW COMMODORE TERRACE Address PSL, FL 34983 City/ State and Zip Code					
Address					
P3L, FL 34983					
Fantasyray base ball ayahoo. con E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
RAYMOND CORRES at 772 341-7433 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

UR Rosie's Pediatrics DBA X	adis Place Pedia	1Ric	. 5	
(Name of Corporation as current)	y filed with the Florida Dept. of State)		
(Document Number of	f Corporation (if known)		-	
Pursuant to the provisions of section 607.1006, Florida Statutes, this atts Articles of Incorporation:	Florida Profit Corporation adopts the f	ollowing	; amendi	ment(s) to
A. If amending name, enter the new name of the corporation:				
DR Rosiers Pediatric	S P.A.		The n	,710
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."	ompany," or "incorporated" or the abb	reviatioi contain	i "Corp the wo	" ord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA			_
		_		-
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA			_
		্ <u>অনু</u>	40N 1202	_
			AON	一
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the		0	
new registered agent and/or the new registered office address:		(A)	PA	
Name of New Registered Agent				\Box
		;	50	
(Florida stre	et address)	· · · · ·		3
New Registered Office Address:	, Florida			
6	City)	(Zip Co	de)	•
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the pos	sition.		
Signature of New Reg	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)

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	PT	<u>John Do</u>	<u>c</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
l) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				•
4) Change		_		
Add				
Remove				-
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	ticles, enter change(s) here: (Be specific)	
		_
an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an angel in the amendment itself:	
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and an angellation of issued shares, and and an angellation of issued shares, and and an angellation of issued shares, and an an angellation of issued shares, and an ange	
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and amendment itself:	
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and an angel in the amendment itself:	
<u>provisions for implementing</u> the amen	nange, reclassification, or cancellation of issued shares, and and it not contained in the amendment itself:	
<u>provisions for implementing</u> the amen	nange, reclassification, or cancellation of issued shares, and and itself:	
<u>provisions for implementing</u> the amen	nange, reclassification, or cancellation of issued shares, and and the amendment itself:	

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The date of each amendment(s) ad date 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 bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	n(s)
The amendment(s) was/were approximate the separately provided for a	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated//	110 12021 Neson Com	
(By a dir selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cod fiduciary by that fiduciary)	1 url
_	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	(Title of person signing)	
_	(Title of person signing)	