P12000063246

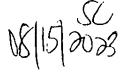
(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Pocket Pediatrics P	.A.			
	BER: P21000063246				
	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Carmela Jones				
		Name of Contact Persor	1		
	Pocket Pediatrics P.A.				
		Firm/ Company			
	3253 SW 121st Way				
		Address			
	Gainesville, FL 32608				
		City/ State and Zip Code	2		
	PocketPediatricsPA@gmail.co	om			
		ed for future annual report	notification)		
For further information	n concerning this matter, pleas	c call:	457-0101		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artiment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment Articles of Incorporation of

	d Corporation as curren	ntly filed with the Florida	Dept. or state)
ocket Pediatrics P.A.			
	(Document Number	of Corporation (if known)
ursuant to the provisions of section 607, s Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporal	ian adopts the following amendm
. If amending name, enter the new no	me of the corporation:		
			_The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	orp," "Inc," or "Co".	A professional corporal	ated" or the abbreviation "Carp., ion name must contain the wort
Enter new principal office address, if applicable:		3253 SW 121st Way	
Principal office address MUST BE A S	TREET ADDRESS)	Gainesville, FL 3260	8
. Enter new mailing address, if appli	icable:	J253 SW 121st Way	
(Mailing address MAY BE A POST OFFICE BOX)			
		Gainesville, FL 32608	· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent an	d/or registered office ad	ldress in Florida, enter th	e name of the
new registered agent and/or the new		<u> </u>	
Name of New Registered Agent Maggie Weeks			·
	13818 Nice Lanc, Odess		····
	•	street address)	22400
New Registered Office Address:			, Florida
		(City)	(Zip Code)

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being fited pursuant to s. 607.0120 (11) (e), F.S.

	(Be specific)	NIU NIU
		
	. ==	
		
	 .	
7. If an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	dment if not conta	ained in the amendment itself:
Carmela Jones President number of shares or		
		ship 50 would like to transfer to Maggie Weeks
Maggie Weeks new VP-number of shares or	percentage of own	ership 50
f unable to transfer shares please cancel chri	istopher Jones share	es and add to Maggie Weeks
to that President and VP both have 50 shares	,	
so that President and VP both have 50 shares	5	

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	VP	Christopher Jones	7847 Oregold Dr
Add			New Port Richey, FL 34654
x Remove			
2) Change	VP	Maggie Weeks	13818 Nice Lane.
x Add			Odessa, FL 33556
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			4
5) Change			
Add			
Remove			
6) Change			
Add			, <u>, , , , , , , , , , , , , , , , , , </u>
Remove			

The date of each amendment(s)	7/11/23	, if other than th
fate this document was signed.	adoption.	, if other than th
7/	11/23	
Effective date <u>if applicable</u> :	(no more than 90 da	iys after amendment file date)
Note: If the date inserted in this document's effective date on the		e statutory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or boar	rd of directors without shareholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were		imber of votes cast for the amendment(s)
must be separately provided f	or each voting group entitled to vote	
Carmela Jones, Chri	ist for the amendment(s) was/were s	utilicient for approvai
by	•	·"
	(voting group)	
7/11/23 Dated		
Signature	Camelon	
selec		- if directors or officers have not been unds of a receiver, trustee, or other court
	Carmela Jones	
	(Typed or printed nam	ne of person signing)
	President	

(Title of person signing)