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(((H210003046553)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN JOSHUA SHINOFF M.D., P.A.

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COVER LETTER

TO: Amendment Sec Division of Corp					
NAME OF CORPO	RATION: JOSHUA SHINOF	F M.D., P.A.			
	BER: P21000068918		<u> </u>		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Cheyenne Moseley				
		Name of Contact Perso	n		
	LegalZoom.com, Inc.				
		Firm/ Company			
	101 N. Brand Blvd., 11th Flo	• •			
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Cheyenne Moseley 800 773-0888 ext. 9724					
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		
□ \$35 Filing Fee	S43.75 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)		
	iling Address		Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
		Tallah	nssee, FL 32303		

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

LegalZoom.com, Inc.

Articles of Amendment Articles of Incorporation of

JOSHUA SHINOFF M.D., P.A.				
(Name of Corporation as curren	itly filed with the Florida Dept. of Stat	<u>e)</u>		
P21000068918				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopts the	following as	mendme	ent(s) t
A. If amending name, enter the new name of the corporation:		T'I	he new	,
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 mu	breviation "	Corp.,"	•
B. Enter new principal office address, if applicable:	3474 S Ocean Blvd.			
(Principal office address MUST BE A STREET ADDRESS)	Apt. #3			
	Palm Beach, FL 33480 US	رن جات	1202	
C. Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BOX)	3474 S Ocean Blvd.		SUV	ecame g contem spare
	Apt. #3	2.2.5	-2	# []
	Palm Beach, FL 33480 US	in co	<u> </u>	77-023 ********
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		72	59	
Name of New Registered Agent				
tFlorida s	treet address)			
New Registered Office Address:	, Florida	(Zip Code		
	(Cujy)	izap Cisa	9	
New Registered Agent's Signature, if Changing Registered Ager I hereby accept the appointment as registered agent. I am familian		osition.		
Signature of New	Registered Agent, if changing			
Check if applicable				

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 PTO.

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones	co (202
_X Add	<u>sv</u>	Sally Smith	CRE	2021 AUG
Type of Action (Check One)	Title	<u>Name</u>	Address	312
1) X Change	PTSD	SHINOFF, JOSHUA	3474 S Ocean Blvd.	
Add			Apt. #3	0.59
Remove			Palm Beach, FL 33480 US	<u>ی</u> —
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
<i>5</i> ₇ Change				
Add				
Remove				
6) Change				
Add				
Remove				

Page: 6 of 7

attach additional sheets, if necessary). (Be specific)				
				
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and the same and but favor a such as a same at the same		ar i i i i i i i i i i i i i i i i i i i		
an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not contain	, or cancellation c led in the amendo	nent itself:		
(if not applicable, indicate N/A)				
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	- 			
				

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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 list 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. 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.	than the
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action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s)	
	r
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):	والمتعالث
The number of voice case for the americancings) was were sufficient for approval	: :areza
by	
Dated 08/11/2021 SG 39	
Signature (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) Joshua Shinoff	
(Typed or printed name of person signing)	
President	
(Title of person signing)	