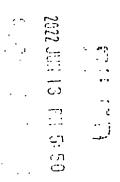
# P22000035094

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06/13/22--01006--018 \*\*35.00



Name Change

### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: De Leon Psychiatry Co.  DOCUMENT NUMBER: P22000025094
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karel de Leon Name of Contact Person
Firm/ Company
4155 SW 136th AVE
4155 SW 136th AVE  Address  Miani, FL 33175-3253  City/ State and Zip Code
galvarbusiness@gmail.com
For further information concerning this matter, please call:  Carlos Ferrandl2 at 305, 560 5800  Name of Contact Person Area Code & Daytime Telephone Number
Carlos Fernandez at (305) 560 5800 TO 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:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)

#### Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### Articles of Amendment

Articles of Incorporation

De Leaon Psychiatry (Name of Corporation as current	(ly filed with the Florida Dept. of State)	
P2200002	509 <i>4</i>	
(Document Number	of Corporation (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following ame	endment(s)
A. If amending name, enter the new name of the corporation:		
De Leon Psychiatry C.	D. The	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.	company," or "incorporated" or the abbreviation "Confessional corporation name must contain the	orp., "
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		
	<del> </del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	202	
	- <del>2</del> 3	
	ا الله الله الله الله الله الله الله ال	
D. If amending the registered agent and/or registered office add		- 1
new registered agent and/or the new registered office addres		- (-)
Name of New Registered Agent	လ 	-
(Florida st	reet address)	
New Registered Office Address:	(City) , Florida (Zip Code)	<del></del>
	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen		
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	

Signature of New Registered Agent, if changing

Check if applicable

 $<sup>\</sup>square$  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.

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			<u> </u>
Add			
Remove			
2) Change		_	
Add			
Remove 3 ) Change			
Add		_	
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4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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	(Be specific)
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provisions for implementing the ame	endment if not contained in the amendment itself:
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The date of each amendment(s) adoption:date this document was signed.	3/21/2022	if other than the
Effective date <u>if applicable</u> :		
	no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does not a document's effective date on the Department of Sta		nents, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the inc action was not required.	orporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		amendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro		4
"The number of votes cast for the amenda		
by majority	(unani mously)	
(voling	group)	
Dated June 3	, 2022	
Signature	<b>\P</b> /	
(By a director, presider	nt or other officer - if directors or officers ha	
selected, by an incorporate special selected appointed fiduciary by	orator – if in the hands of a receiver, trustee, that fiduciary)	or other court
12		
	ped or printed name of person signing)	
(13)	• ( )	
<u>-</u>	resident	
(Titl	le of person signing)	