P22000039958

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(8	usiness Entity Name)	
	ocument Number)	
(5	ocament (vamber)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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FILED
2022 JUL-5 AHII: 02



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Firsthand Health of	of Florida, P.A.	·
	UMBER: P22000039958		
The enclosed Arti	icles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
	Shannon Zarek		
		Name of Contact Person	1
	Stinson LLP		
		Firm/ Company	
	7700 Forsyth Blvd., Suite 11	00	
		Address	
	Saint Louis, MO 63105		
		City/ State and Zip Code	2
	shannon.zarek@stinson.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, plea	se call:	
Shannon Zarek		at (314	259-4561
Na	ime of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	nrtment of State:
S35 Filing Fe	e 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)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

of Firsthand Health of Florida, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P22000039958 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I 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

 \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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PSD	Laura E. Purdy	205 Hudson Street, 8th Floor
Add		-	New York, NY 10013
X Remove			
2) Change	PSD	Joe Parks	205 Hudson Street, 8th Floor
X Add			New York, NY 10013
Remove 3) Change			
Add			 .
Remove			
4) Change			
Add			2022 TALL
Remove			AH. JUL
5) Change			SS: 5
Add			TO A I
Remove			
6) Change			<u> </u>
Add			
Remove			

<u>famending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)			
				
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:			
(if not applicable, indicate N/A)				
				_
				_

1	06/29/2022	
The date of each amendment(s) as date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action	and shareholder
by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s) for the amendment(s) was/were sufficient for approval (voting group)	
Dated	3/2022 -Docusigned by: Joe Parks	HI: 07
(By a di selected	-24C035BDB16B472. rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Joe Parks	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	