P22000045803

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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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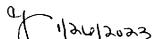
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PATRICIA GEENSBURG, PA						
DOCUMENT NUMBER: P 22000045803						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
PATRICIA GEENSBURG						
Name of Contact Person						
Firm/ Company						
11211 PROSPERITY FARMS RD -STE-Q-114						
PALM BEACH GALDENS, FL 33410						
City/ State and Zip Code						
TRISHG2012@GMAILCOM:						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
PATRICIA GELNSBURG 11, 760, 500-9974						
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) \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status 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

PATRICIA GEENSBURG	PA 2022 OCT 28 AM 7	<u> </u>			
(Name of Corporation as current	ly filed with the Florida Dept. of State)	• •			
P22000045803	TALL/101 ST	ATE			
(Document Number of	of Corporation (if known)	L			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following am	endment(s) to			
A. If amending name, enter the new name of the corporation:					
PATRICIA GEENSBURG, D.A.O.M.	, <u>PA</u> ,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.	A professional corporation name must contain the				
B. Enter new principal office address, if applicable:	11211 PROSPELITY FARMS RD				
(Principal office address MUST BE A STREET ADDRESS)	BLO C-SUITE 114				
	PALLA BEACH GARDENS FL 334	10			
	PHON BENCH BAILDENS FE 334	10			
C. Enter new mailing address, if applicable:	11211 PROSPERITY FARMS RD				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u></u>				
	SUITE C-114	2 100			
	PALM BEACH GAILDENS FL 3	<u>3410</u>			
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address					
Name of New Registered Agent					
(Florida st	treet address)				
New Registered Office Address:	, Florida				
	(City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.				
Signature of New 1	Registered Agent, if changing				
e V					

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)

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 = ChiefExecutive 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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change	_	_		
Add				
Кепюче				
5) Change				
Add				
Кеточе				
6) Change				
Add				
Add Remove				

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The date of	f each amendment(s) a	doption:		<u></u>		, if other than the
date this do	cument was signed.	(5134) -a				
. Effective d	ate if applicable:	10/24/22				
•	<u> </u>	(no i	more than 90 c	days after amend	lment file date)	
	ne date inserted in this to seffective date on the De			ole statutory filis	ng requirements, th	is date will not be listed as the
Adoption o	of Amendment(s)	(CHECK	ONE)			
	endment(s) was/were ad ras not required.	opted by the incorp	porators, or bo	ard of directors	without shareholde	r action and shareholder
	endment(s) was/were ad shareholders was/were s			number of votes	cast for the amendr	nent(s)
must be	endment(s) was/were ap e separately provided for	each voting group	p entitled to vo	te separately on	the amendment(s):	alement
ΥT	he number of votes cast	for the amendmen	nt(s) was/were	sufficient for ap	proval	
by	·	(voting gr	оир)		<u> </u>	
		د اد امد				
	Dated	\10/34/2)	L ~			
	<u> </u>			11		
	Signature	Mull		<u> </u>		
	(By à c selecte	tirector, president o ed. by an incorpora	or other office: itor — if in the l	r – if directors of hands of a receiv	r officers have not been trustee, or other	r court
		ited fiduciary by th				
		PAT	RICIA	GEENSB	UKG-Pr	esident
		(Type	d or printed na	me of person sig	gning)	
		DAOM	(Doctor	RUTAL	puncaké (ORIENTAL MEDICIN
		(Title	of person sign	ing)		 -