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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

· ·

NAME OF CORPORATION: <u>Native Su</u>	rgical, Inc.
DOCUMENT NUMBER: P22000	0067562
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to t	he following:
Amy	R Moore
tal.	ive Surgica Firm/ Company
3103	St. Charles Pl
Winte	Address Haven FL 33884 / State and Zip Code
	y Moore @ native - surgical am Tyture annual report notification)
For further information concerning this matter, please call:	
Any L Moore Name of Contact Person	at ()
Enclosed is a check for the following amount made payable	·
Certificate of Status Ce (Ac	23.75 Filing Fee & S\$52.50 Filing Fee rtified Copy Iditional copy is closed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

of	· potation	
Native	-Surgical	
(Name of Corporation as currently	y filed with the Florida Dept. of	(State)
P 220000 6:	7 5 02	20.0. : 12 Fil 1: DE
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I	Florida Profit Corporation adopt	ts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	I professional corporation name	the abbreviation "Corp" e must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3103 St. C. Winter Haven,	harles Pl FL 33884
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3103 St. Cha Winter Haven	rles Pl 1,FL33884
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		of the
Name of New Registered Agent		
(Florida stre	eet address)	
New Registered Office Address:	, FI	orida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	i with and accept the obligations of	the position.
Signature of New Ro	egistered Agent, if changing	
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)

Example:

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>P1</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			
Add			
Remove			
2) Change			
Add			<u></u>
Remove 3) Change			
Add			
Remove			
4) Change	,		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	amending or adding additach additional sheets, if n	iecessary). (Be spec	cific)			
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The date of each amendm date this document was sign	ent(s) adoption: September 2d, 2023, if other than the ned.
Effective date <u>if applicabl</u>	ent(s) adoption: September 22, 2023, if other than the ned. e: March 8, 2024
	(no more than 90 days after amendment file date)
Note: If the date inserted document's effective date of	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholder action and shareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	ntes cast for the amendment(s) was/were sufficient for approval
by	(voling group)
Dated Signature	3/8/24 Amyl Moore
	(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)
	Any R. Moore (Typed or printed name of person signing)
	(1)/ped or printed name of person signing)
	(Title of person signing)