## M3cccos6672

(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Castagno Medical	Consulting Inc		
DOCUMENT NUN	0.220000044477			_
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Jared Jones			
		Name of Contact Person	n	
	Jones & Co			
		Firm/ Company		
	3807 N 12th Avenue			
	<del>-</del>	Address	<del></del>	
	Pensacola, FL 32503			MZHKAY 28 DYGRETAR TAHLAHA
		City/ State and Zip Cod	e	
	jared@junesandco.com			28 HAS
	E-mail address: (to be us	ed for future annual report	notification)	PM SSE
For further informati	on concerning this matter, pleas	se call:		PM 3: 35 Y OF STATE \SSEE, FL
Jared Jones CPA		at (	)	
Name	of Contact Person	Area Co	de & Daytime Telephone N	tumber
Enclosed is a check (	for the following amount made	payable to the Florida Dep	artment of State:	
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

Street Address
Amendment Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

	ef	•			
Castagno Medical Consulting Inc					
(Name o	f Corporation as currently	filed with the Florida I	Dept. of State)		
P23000086677					
	(Document Number of	Corporation (if known)		<del>-</del>	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this I	Floridu Profit Corporatio	m adopts the following	g amendment(	s) to
A. If amending name, enter the new na	ime of the corporation:				
Castagno Medical Services Inc				The new	
name must he distinguishable and contain "Inc.," or Co.," or the designation 'C "chartered," "professional association,"  B. Enter new principal office address, i (Principal office address MUST BE A S)	orp." "Inc," or "Co". A or the abbreviation "P.A," if applicable: TREET ADDRESS)	professional corporatio	n name must contain	the word	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	REFARIT OF ST	28 PH 3:	
<ul> <li>If amending the registered agent an new registered agent and/or the new</li> </ul>				35	
Name of New Registered Agent	N/A				
	(Florida stre	et address)			
New Registered Office Address:	N/A		Florida		
	1	Сіқу	(Zip C	ode)	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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:

 $P \sim President, \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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 Doc	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change		N/A	N/A
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove 3 ) Range		_	
Add			HA 28
Remove			PH
4) Change			3: 35 STATE E.FL
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)			
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	TE TE	35	
If 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)			
/A			
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			-

The date of each amendment(s) ad	01/01/2024				if other than
date this document was signed.	орион				If other than
•	1/2024				
Effective date if applicable:					
	(no more than !	90 days after amendm	ent file date)		
Note: If the date inserted in this blocument's effective date on the Dep		icable statutory filing	requirements, thi	s date wil	I not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )				
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators, or	board of directors wi	thout shareholder	action and	l shareholder
The amendment(s) was/were adop by the shareholders was/were suf		ne number of votes ca	st for the amendm	ent(s)	
The amendment(s) was/were appropriately provided for emust be separately provided for emusion. "The number of votes cast for emusion in the separately provided for	each voting group entitled to for the amendment(s) was/we	vote separately on the	e amendment(s):	tement	
by	(voting group)		<del></del> · ``		
	(voung group)			<u>:_</u> :	<u>.</u>
5/21/2024 Dated				AHA L.	82 × 28
Signature	Jacqueline			SSE	<b>P</b> [1]
selected	rector oresident or other offi , by an incorporator – if in the ed fiduciary by that fiduciary	he hands of a receiver.			_ <sub>သ</sub> အ
	Jacqueline Castagno				
-	(Typed or printed	name of person signi	ng)		
į	President				

(Title of person signing)