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88/19/24--01034--025 **S2.S0



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MTHAE INC				
DOCUMENT NUN	P24000021676				
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:			
	LUIS F ROSALES CPA				
		Name of Contact Person			
	EXECUTIVE TAX SERVICE INC				
	Firm/ Company				
	5931 NW 173 DRIVE UNIT	9			
	Address				
	HIALEAH, FL33015		<u> </u>		
		City/ State and Zip Code			
	luisfrosales@aol.com				
	E-mail address: (to be us	sed for future annual report i	notification)		
For further informati	on concerning this matter, plea	se call:			
Luis Rosales		954 at (
Name of Contact Person		Area Cod	le & Daytime Telephone Number		
Enclosed is a cheek (or the following amount made	payable to the Florida Depa	rtment of State:		
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division The Ce 2415 N	Address nent Section n of Corporations entre of Tallahassee i. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation ωf

MTHAE INC (Name of Corporation as currently filed with the Florida Dept. of State) P24000021676 (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 Arneles of Incorporation: A. If amending name, enter the new name of the corporation: Milmii Thae DPM, P.A. 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: Florida (City) (Zip Code) 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

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 Doc	<u>.</u>	
\underline{X} Remove	\underline{V}	Mike Jon	<u>nes</u>	
X Add	<u>SV</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add			•	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach ad	or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)	
	·	
		
		
		·····
f an ame	lment provides for an exchange, reclassification, or cancellation of issued shares,	
provision (it no	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)	
(1)		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	er action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval:	iment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following smust be separately provided for each voting group entitled to vote separately on the amendment(s	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
S-2-2024 Dated	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
LUIS F ROSALES	
(Typed or printed name of person signing)	
INCORPORATOR	

(Title of person signing)

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	<u> </u>	City/ State and Zip Code				
	luisfrosales@aol.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information Luis Rosales	n concerning this matter, plea	954	. 243-6742			
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Tallahassee, FL 32303