

P24000042229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

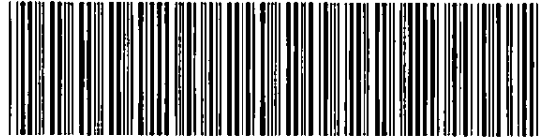
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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*Amend*

FILED  
2024 JUN 27 AM 11:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 JUN 27 PM 3:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY  
JUN 28. 2024

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$35.00 \_\_\_\_\_

AUTHORIZATION SIGNATURE: \_\_\_\_\_ 

Soma Medical Inc P24000042229

BUSINESS ( Name)

Document #

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ Certified copies of:

\_\_\_ Certificate of Status

**NEW FILINGS**

- \_\_\_ Profit
- \_\_\_ Not for Profit
- \_\_\_ Limited Liability
- \_\_\_ Domestication
- \_\_\_ Other
- \_\_\_ LLP

\_\_\_ **INC**

**OTHER FILINGS**

- \_\_\_ Annual Report
- \_\_\_ Fictitious Name
- \_\_\_ APOSTIL ( ) \_\_\_\_\_

Country

**AMMENDMENTS**

- ☒ Amendment
- \_\_\_ Resignation of R.A. Officer/Director
- \_\_\_ Change of Registered Agent
- \_\_\_ Dissolution/Withdrawal
- \_\_\_ Merger
- \_\_\_ Conversion

**REGISTRATION/QUALIFICATIONS**

- \_\_\_ Foreign Filing
- \_\_\_ Limited Partnership
- \_\_\_ Reinstatement
- \_\_\_ Trademark
- \_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SOMA MEDICAL INC

**DOCUMENT NUMBER:** P24000042229

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pierre Plater

Name of Contact Person

SOMA MEDICAL INC

Firm/ Company

4701 N FEDERAL HIGHWAY SUITE 321

Address

POMPANO BEACH, FL. 33064

City/ State and Zip Code

medicaltreeconsul@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PIERRE PLATER

Name of Contact Person

at ( 954 )

953.9098

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 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

**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

FILED  
2024 JUN 27 AM 11:09

SOMA MEDICAL INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P24000042229

(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:

*The new 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)

4701 N. FEDERAL HIGHWAY SUITE 321

POMPANO BEACH, FL. 33064

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

4701 N. FEDERAL HIGHWAY SUITE 321

POMPANO BEACH, FL, 33064

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.

Example:

☒ Change                      PT      John Doe

☒ Remove                      V      Mike Jones

☒ Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

[illegible][illegible]

06/27/2024

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

06/27/2024

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, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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 1 \_\_\_\_\_"  
(voting group)

06/27/2024

Dated \_\_\_\_\_

Signature Anthony Paz  
(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)

Anthony Paz

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)