## Parau5418

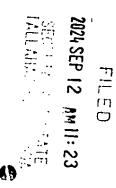
(Re	equestor's Name)		
(Address)			
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		COVER LETTER	
FO: Amendment Section Division of Corporation	ons		
NAME OF CORPORAT	ION: Grout Medic NE F	lorida. Inc.	
DOCUMENT NUMBER			
The enclosed Articles of A	mendment and fee are sub	omitted for filing.	
Please return all correspond	dence concerning this mat	ter to the following:	
Min	dy Littlefield		
<del></del>		Name of Contact Person	
Ten	et Financial Group		
<del></del> -		Firm/ Company	
109	Larson Lane Ste. 200		
		Address	<del></del>
Δle	do, TX. 76008	Address	
		The state of the s	
		City/ State and Zip Code	•
mli	tleffeld@tenetfinancialgro	oup.com	
	E-mail address: (to be us	ed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
Barry Noll		at (407	242-4449
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address nent Section		Address Iment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

Grout Medic NE Florida, Inc.		
(Name o	f Corporation as c	urrently filed with the Florida Dept. of State)
P24000054429		
	(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statut	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corpora	tion:
North East Florida G Medic, Inc.		The new
	Sorp," "Inc," or "	tion," "company," or "incorporated" or the abbreviation "Corp.," Go". A professional corporation name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)		2024 SEP 12
D. If amending the registered agent an	id/or registered off	fice address in Florida, enter the name of the
new registered agent and/or the new	w registered office	address:
Name of New Registered Agent	N/A	- 7 <b>23</b>
		60.
	· · · · · · · · · · · · · · · · · · ·	lorida street address)
New Registered Office Address:	N/A	Florida
		(City) (Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regis	thanging Registere tered agent. I am f	d Agent: familiar with and accept the obligations of the position.
	Sivnature e	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.

E <b>vample:</b> XChange	<u>PT</u>	John Do	<u>e</u>	]		
X Remove	$\underline{\mathbf{V}}$	Mike Jos	<u>nes</u>			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	,		
Type of Action (Check One)	Title		<u>Name</u>			Address
1) Change	N/A	_	N/A		-	N/A
Add					_	
Remove						
2) Change		_			_	
Add				ı	-	····
Remove 3 ) Change		_				
Add					_	
Remove					_	
4) Change						
Add						
Remove				<u> </u> :	_	
5) Change					_	
Add						
Remove					-	
6) Change						
, Add						
Remove				ı		

09/03/2024	, if other than the
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	Lunus Gla data)
(no more	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re	ne applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	
action was not required.	or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ders. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the sharche must be separately provided for each voting group en	olders through voting groups. The following statement ntitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s	s) was/were sufficient for approval
NIA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
by(voting grou	p)
09/03/2024	1
Dated	
252	1
Signature  (By a director, president or selected, by an incorporate appointed fiduciary by that	other officer - if directors or officers have not been or - if in the hands of a receiver, trustee, or other court t fiduciary)
Barry Noll	
(Typed	or printed name of person signing)
President	
(Title o	f person signing)