P9300088412

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	

Office Use Only



700362177207

03/18/21--01023--008 *+52.50



2021 MAR 18 PH 12: 22
SECRETARY OF STATE
TALLAHAS OF STATE

COVER LETTER

Division of Corporations

NAME OF CORPORATION: OR LICK BERGER, KASPER, PATEL, Mb. PA

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Mart. ORLICK, MD

Name of Contact Person

Firm/ Company

5800 44th Street North Stop

Address

St. Peteroburg, Florida 33709

City/ State and 7th Code

Emil on File [MEORLICK@Gmail.com

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

For further information concerning this matter, please call:

Name of Contact Person

Area Code & Daytime Telephone Number

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

Mailing Address

☐ \$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

☐\$43.75 Filing Fee & Certificate of Status

Street Address

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

S\$52.50 Filing Fee Certificate of Status

> Certified Copy (Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

FILED

2021 MAR 18 PH 12: 22

OR TEX BERGER KASPER	R & PATEL, MD. PATETADA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Name of Corporation as current	tly filed with the Florida Dept. of State) AHA SORE	STATE
7930000	788H12	• i i
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amen	ndment(s) t
A. If amending name, enter the new name of the corporation-	- and	
name must be distinguishable and contain the word "corporation."	TEL IMP. PA. The	new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the v	rp.," word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:		_
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida st	street address)	
New Registered Office Address:	(City) , Florida(Zip Code)	
	()	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: r with and accept the obligations of the position.	
Signature of New I	Registered Agent, if changing	
Check if applicable		

 \Box 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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			***
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sary), (Be spec	ific)		
				
<u> </u>				·
				<u> </u>
<u> </u>				
<u> </u>		 		
			·	
				
in amendment provides for a	n exchange, recl	lassification, or cancel	llation of issued share	<u>S</u> ,
ovisions for implementing th (if not applicable, indicate N	e amendment if	not contained in the	amendment itself:	
(y an appreume macure n	,,,,			
	17			
	_3	Martin	ORUTCK	
	/3			
	/3	Jeffrer		
	/3		O RUICK KASPER PATEL	
	/3	Jeffrer		
	/3	Jeffrer		
	/3	Jeffrer		

. .

The date of each amendment(s) a	doption:		, if other than the
date this document was signed.			
Effective date if applicable:			
	(no more than 90	days after amendment file dat	(e)
Note: If the date inserted in this be document's effective date on the De		ble statutory filing requireme	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or bo	oard of directors without share	holder action and shareholder
The amendment(s) was/were add by the shareholders was/were su		number of votes east for the a	mendment(s)
☐ The amendment(s) was/were approvided for			
"The number of votes cast	for the amendment(s) was/were	sufficient for approval	
by			
	(voting group)		
Dated	met 18 20	2.1-1 MD	President
selecte	irector, president or other office d, by an incorporator – if in the ted fiduciary by that fiduciary)	er – if directors or officers hav	e not been
	Martin (Typed or printed n	RCTLK MD. ame of person signing)	
		President	
	(Title of person sign	ning)	