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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Hillsboro A	llergy & Family Medicine.	Inc.
DOCUMENT NUMBER:	P940000097	740	
The enclosed Articles of Amendme	nt and fee are su	bmitted for filing.	
Please return all correspondence cor	ncerning this ma	tter to the following:	
	Nicola L.	Zagarolo, Esq.	
		Name of Contact Person	1
	Nicola L.	Zagarolo & Associates, PA	
		Firm/ Company	
	3800 NE 1	Third Avenue	
		Address	
	Pompano I	Beach, FL 33064	
		City/ State and Zip Cod-	e
	NZagarolo	@gmail.com	
E-mail a	-	sed for future annual report	notification)
For further information concerning Nicola L. Zagarolo, Esq.	this matter, pleas	se call:at (954	786 0360
Name of Contact Per	son	Area Co	de & Daytime Telephone Number
Enclosed is a check for the followin	g amount made	payable to the Florida Depa	artment of State:
	5 Filing Fee & cate 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)
<u>Mailing Address</u> Amendment Secti	on	Amend	Address Iment Section
Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314			on of Corporations entre of Tallahassee
		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Hillsboro Allergy & Family Medicine, Inc.

(Name of Cort	noration as currently filed with the Flo	rida Dept. of State)	
	P94000009740		
(1	Document Number of Corporation (if kno	wn)	
Pursuant to the provisions of section 607,1006, I its Articles of Incorporation:	Florida Statutes, this Florida Profit Corp.	pration adopts the following ame	ndment(s)
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain the wa "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc," or 'Co". A professional corp-		p_{\perp}^{-}
B. Enter new principal office address, if appl	icable:		
(Principal office address MUST BE A STREET			 ఎ
			2 9 2
			<u> </u>
C. Enter your multipe address if applicable.		<u> </u>	-i <u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	(E BOX)	نا زرز	<u>ာ</u>
		00 3	
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		<u> </u>	
D. If any adding the project and a second and the	and a consideration of the constraint of		Š
D. If amending the registered agent and/or re- new registered agent and/or the new registered.		r the name of the	
Name of New Registered Agent	Nicola L. Zagarolo & Associates	PA	
	3800 NE Third Avenue		
	(Florida street oddress)		
New Registered Office Address:	Pompano Beach	, Florida 33064	
i en regime to office ritarest.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		bligations of the position	
	/	Agains of the position.	
	\		
<u> </u>	Nucli L. Zos	+x2/0	
	Signature of New Registered Agent, if ch	anging	
Check if applicable			
· · · · · · · · · · · · · · · · · · ·	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:

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		_
Type of Action (Check One)	Title	<u>Nam</u>	<u>ne</u> '	<u>Addres</u> s
1) Change	D	Pau	l Kotturan	220 SW Natura Avenue
Add Remove			•	Deerfield Beach, FL 33441
2) Change	P	Dr.	Ronald Stuart Lubetsky	20 SW Natura Avenue
X Add				Deerfield Beach, FU-3344
Remove 3) Change			· 	8 7 2 7
Add				
Remove				<u> </u>
4) Change				
Add				
Remove				<u></u>
5) Change		-		
Add				
Remove				
6) Change		-		
Add				
Remove			•	· · · · · · · · · · · · · · · · · · ·

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
	n/a			
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	<u></u>			
				
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			23	5-
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If an amandment arravidas for an aval	nange, reclassification, or cancellation of issued share		À	<u></u>
provisions for implementing the ame	endment if not contained in the amendment itself:	<u>*</u> టైరు	ِ ۾	
(if not applicable, indicate N/A)		,	N	
•	N/A	ריו	0	
				
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The date of such	amendment(s) adoption:	_, if other than
date this documen	t was signed.	_, omer man
	July $\int_{-}^{-} \frac{5}{2}$, 2020	
Effective date if:	applicable: (no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fue take)	
	inserted in this block does not meet the applicable statutory filing requirements, this date will a ive date on the Department of State's records.	not be listed as
Adoption of Ame	endment(s) (CHECK ONE)	
The amendmend action was not	nt(s) was/were adopted by the incorporators, or board of directors without shareholder action and s required.	hareholder
	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.	
	ont(s) was/were approved by the shareholders through voting groups. The following statement ately provided for each voting group entitled to vote separately on the amendment(s):	
"The nur	nber of votes cast for the amendment(s) was/were sufficient for approval	
by		202
	(voting group)	
	la :	020 OCT 2
	July <u>/3</u> , 2020	ယ ၊
	(By a director, president or other officer - if directors or officers have not been	الم م
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court	Ö
	appointed fiduciary by that fiduciary)	
	Paul Kotturan a/k/a Dr. Paulson A. Kotturan	
	(Typed or printed name of person signing)	 .
	Director	
	(Title of person signing)	