P94000070320

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | ısiness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SUCRILIVARY OF STATE OF STATE OF CORPORATIONS

MAR 2 3 2016 C MCNAIN

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: Here We Grow Ped | liatrics, PA | | | | | |
|--|---|--|--|--|--|--|--|
| DOCUMENT NUMI | | | | | | | |
| The enclosed Articles | of Amendment and fee are sul | omitted for filing. | | | | | |
| Please return all corre | spondence concerning this mat | ter to the following: | | | | | |
| | Elinor Miranda | | | | | | |
| | Name of Contact Person | | | | | | |
| | Firm/ Company | | | | | | |
| | 175 1st Street South | | | | | | |
| | Address | | | | | | |
| | St. Petersburg, FL 33701 | | | | | | |
| | | City/ State and Zip Code | > | | | | |
| elino | rmirandamd@gmail.com | | | | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | | | |
| For further informatio | n concerning this matter, pleas | e call: | | | | | |
| Elinor Miranda | | at (⁷²⁷ | 687-2170 | | | | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | | | | |
| Enclosed is a check for | or the following amount made [| payable to the Florida Depa | rtment of State: | | | | |
| S35 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 | | Street Address Amendment Section Division of Corporations Clifton Building | | | | | |
| Tall | ahassee, FL 32314 | 2661 E | xecutive Center Circle | | | | |

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

Here We Grow Pediatrics, PA

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

P94000070320

(Document Number of Corporation (if known)

ent(s) to

| Pursuant to the provisions of section 607.1006 its Articles of Incorporation: | , Florida Statutes, th | is Florida Profit Corporation adopts the following amendment | | | |
|---|------------------------|--|--|--|--|
| A. If amending name, enter the new name of | of the corporation: | | | | |
| "Corp.," "Inc.," or Co.," or the designation | "Corp," "Inc," or | The new tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the | | | |
| word "chartered," "professional association," | | 175 1st Street South, Unit 1702 | | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | St. Petersburg, FL 33701 | | | |
| | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 175 1st Street South, Unit 1702 | | | |
| - | • | St. Petersburg, FL 33701 | | | |
| D. If amending the registered agent and/or new registered agent and/or the new reg | istered office addr | | | | |
| Name of New Registered Agent Elinor Miranda | | | | | |
| 175 | 1st Street South, Ur | | | | |
| St. P | etersburg | street address) , Florida 33701 | | | |
| New Registered Office Address: | | (City) (Zip Code) | | | |
| New Registered Agent's Signature, if chang I hereby accept the appointment as registered | | nt: or with and accept the obligations of the position. | | | |
| | | Registered Agent, if changing | | | |

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 Do | <u>c</u> | | |
|----------------------------|--------------|----------|-------------|---|-----------|
| X Remove | <u>v</u> | Mike Jo | nes | | |
| X Add | <u>sv</u> | Sally Sn | nith | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | Address |
| 1) Change | | _ | | _ | |
| Add | | | | _ | |
| Remove | | | | - | |
| 2) Change | | _ | | _ | A Married |
| Add | | | • | _ | |
| Remove | | | | - | |
| 3) Change | | _ | | | |
| Add | | | | - | |
| Remove | | | | - | |
| 4) Change | | _ | | _ | |
| Add | | | | _ | |
| Remove | | | | - | |
| 5) Change | - | _ | | _ | |
| Add | | | | _ | |
| Remove | | | | | |
| | | | | | |
| 6) Change | • | _ | | _ | |
| Add | | | | - | |
| Remove | | | | | |

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| ange, reclassification | on, or cancellati | on of issued share | <u>25.</u> |
| nament if not conta | imed in the ame | nament itseit: | |
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| | ange, reclassification | ange, reclassification, or cancellatindment if not contained in the ame | nange, reclassification, or cancellation of issued share andment if not contained in the amendment itself: |

| The date of each amendment(s) adoption: MACCH 2016 date this document was signed. | _, if other than the |
|--|----------------------|
| Effective date if applicable: MARCL+ (2016 (no more than 90 days after amendment file date) | |
| (no more than 90 days after amenament file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| 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" | |
| (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated MARCH 1, 2016 | |
| Signature X Live Vivianda, www. (By a director, president or other officer – if directors or officers have not been | |
| (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) | |
| (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| PRETIDENT | |
| (Title of person signing) | |