P94000070320

(Requ	estor's Name)		
(Addre	ess)		
(Addre	ess)		
(City/s	State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busir	ness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Fil	ling Officer:		





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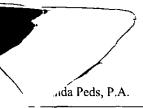
J: Amendment Section Division of Corporations

COVER LETTER .

NAME OF CORPOR	ATION: Miranda Peds, P.A.		
OCUMENT NUMB	P94000070320		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Elinor Miranda		
•		Name of Contact Person	
	Miranda Peds, P.A.		
•		Firm/ Company	
	175 1st Street South, Unit 17	02	
,		Address	
	St. Petersburg, Florida 33701		
•		City/ State and Zip Code	
elinor	mirandamd@gmail.com		
		sed for future annual report	notification)
		1	,
For further information	concerning this matter, pleas	se call:	
Elinor Miranda		at (687-2170
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	☐S43.75 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)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

FILEL SECRETARY OF STATE JIVISION OF CORPORATION

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

P94000070320	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
Here We Grow Pediatrics, P.A:	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flu	lorida street address)
New Registered Office Address:	, Florida
Hen Registered Office Hauress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signature	of New Registered Agent if changing

e Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ach Officer and/or Director being added:

ditional sheets, if necessary)

note the officer/director title by the first letter of the office title:

- 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:	i, una sai	ny Smin, Sv as an Aua.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) (1)			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

	g or adding additional Articles, enter change(s) here:
	dditional sheets, if necessary). (Be specific)
/	
	
If a	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pre	visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	· · · · · · · · · · · · · · · · · · ·

	July 15, 2016	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		FILLU
Ju Effective date if applicable:	lly 15, 2016	JUSTON OF CORPORATION
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	2016 JUL 20 AM 8: 30 date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	$\operatorname{at}(s)$
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareho	lder
action was not required.	dopted by the incorporators without shareholder action and shareholder	
July 15, 2	2016	
Dated	Rivor miande	
selec	director, president or other officer – if directors or officers have not beested, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	on purt
	Elinor Miranda	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	