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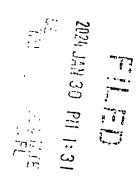
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COVER LETTER

TO: Amendment Section Division of Corporations

Edwards and NAME OF CORPORATION:	Cavendish, P.A.			
P95000052312				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing			
Please return all correspondence concerning to	his matter to the followi	ng:		
Michael Cavendish				
	(Name of Cont	act Person)		
Cavendish Partners, P.A.				
	(Firm/ Cor	npany)		
200 West Forsyth Street, Suite 1300				
	(Addre	ess)		
Jacksonville, FL 32202				
	(City/ State and	l Zip Code)		
mlcavendishdmd@gmail.com				
E-mail address: (to	be used for future annu	ial report notifica	ition)	
For further information concerning this matte	r, please call:			
Michael Cavendish		904 at	234-6002	
(Name of Contac	t Person)	(Area Coo	e) (Daytime Telephon-	e Number)
Enclosed is a check for the following amount	made payable to the Flo	orida Departmen	of State:	
☐ \$35 Filing Fee ■\$43.75 Filing Certificate of		py Ce copy is Ce (A	2.50 Filing Fee entificate of Status entified Copy dditional Copy is nelosed)	
Mailing Address Amendment Section		Street Addre Amendment S		

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 to Articles of Incorporation of



Edwards and Cavendish, P.A.

(Name of Corporation as currently filed with the	e Florida I	Dept. of State)	15.
P95000052312			
(Docum	nent Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For Profit Co</i>	rporation adopts the following
A. If amending name, enter the new name of the	e corporat	ion:	
Edwards Cavendish and Jones, P.A.			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	l "corpora <u>e</u> .	tion" or "incorporated" or the al	obreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ıble:	137 West Adams Street	
(Principal office address <u>MUST BE A STREET A</u>) Jacksonville, FL 32202	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	137 West Adams Street	
		Jacksonville, FL 32202	
D. If amending the registered agent and/or regi			name of the
new registered agent and/or the new register			
Name of New Registered Agent:	Michele I	L. Cavendish	
	137 West	Adams Street	
New Registered Office Address:		(Florida street a	ddress)
New Registered Office Address.	Jacksonvi	ille	32202
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing l	Registered	Agent:	
I hereby accept the appointment as registered agen	u. Lam fa M. L. C	miliar with and accept the obliga	adi
,	Si	ignature of New 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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>D,VP</u>	Brittany Jones	137 West Adams Street Jacksonville FL 32202
Remove			
2) Change Add	<u>D.P</u>	Robin Edwards	137 West Adams Street Jacksonville FL 32202
x Remove 3) Change Add Remove			
4) <u>×</u> Change Add	<u>D</u> , P	Michele L. Cavendish	137 West Adams Street Jacksonville, FL 32202
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
the foregoing officer and	director changes of	lo the following: (a) add Brittany Jones as Di	rector and VP
(b) remove Robin Edwar	ds as a Director ar	nd officer (President)	
(c) change Michele Cave	ndish from Direct	or/VP to Director/President	

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				· · · · · · · · · · · · · · · · · · ·
	N/A			
The date of each amendment(s date this document was signed.	adoption: 13/73			, if other than t
	√A			
Effective date <u>if applicable</u> :	(no more than	90 days after amend	ment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the	applicable statutory		te will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Date	January 18, 2024
Sign	Michel Carletic
O Ig.	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Michele L. Cavendish
	(Typed or printed name of person signing)
	President
	Frederic