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| Special Instructions to | Filing Officer: |
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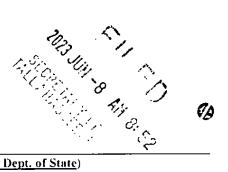


CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| MID-FLORIDA DERMATOLOG | <u>Y, P.A.</u> |
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| Please Debit 120000000257 For: 35 | |
| Thank you Seth Neeley | |
| 140 | Art of Inc. File |
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| | LTD Partnership File Foreign Corp. File |
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| | Fictitious Name File |
| | Trade/Service Mark |
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| | RA Resignation |
| | Dissolution / Withdrawal |
| | Annual Report / Reinstatement |
| | Cert. Copy |
| | Photo Copy |
| | Certificate of Good Standing |
| | Certificate of Status |
| | Certificate of Fictitious Name |
| | Corp Record Search |
| 16 | Officer Search |
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| Signature | Fictitious Owner Search |
| | Vehicle Search |
| | Driving Record |
| Requested by: SETH 06/05/23 | UCC I or 3 File |
| Name Date | UCC 11 Search Time |
| Walk-In Will Pick Up | |
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Articles of Amendment to Articles of Incorporation of



MID-FLORIDA DERMATOLOGY ASSOCIATES, P.A.

| (Name of Corporation as curre | ently filed with the Florida Dept. of State) |
|--|--|
| P95000060797 | |
| (Document Number | er of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation: | his Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation: | <u>:</u> |
| | 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 professional corporation name must contain the word |
| 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) | |
| | |
| | - |
| If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr | |
| | |
| - Anna sy - Lea riegine est rigeria | |
| (Florida | a street address) |
| New Registered Office Address: | , Florida |
| | (City) (Lip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Age | ent: |
| hereby accept the appointment as registered agent. I am familia | ar with and accept the obligations of the position. |
| | |
| | |
| Signature of Nev | w Registered Agent, if changing |

Check if applicable

☐ 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)

Example:

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>1' 1</u> | 10uu 170 | <u>3C</u> | |
|-------------------------------|--------------------------|----------|----------------------|----------------------|
| X Remove | $\underline{\mathbf{v}}$ | Mike Jo | <u>ones</u> | |
| X Add | <u>SV</u> | Sally Si | <u>mith</u> | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | Address |
| 1) Change | D | | Lindsey M. Gutierrez | 100 WEST GORE STREET |
| X Add | | | | SUITE 602 |
| Remove | | | | ORLANDO, FL 32806 |
| 2) Change | | | | |
| Add | | | | |
| Remove 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | <u> </u> | | |
| Add | | | | ~13.E. |
| Remove | | | | |

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| (Attach <i>additional</i> | Iding additional Articles, enter change(s) here: sheets, if necessary). (Be specific) |
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| If an amendment | provides for an exchange, reclassification, or cancellation of issued shares, |
| provisions for in | nplementing the amendment if not contained in the amendment itself: able, indicate NA) |
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| | option: | , if other than the |
|--|--|--|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment | file date) |
| Note: If the date inserted in this b document's effective date on the De | ock does not meet the applicable statutory filing requartment of State's records. | uirements, 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. | pted by the incorporators, or board of directors withou | nt shareholder action and shareholder |
| ■ The amendment(s) was/were add by the shareholders was/were su | pted by the shareholders. The number of votes east for ficient for approval. | or the amendment(s) |
| | roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a | |
| "The number of votes cast | or the amendment(s) was/were sufficient for approva | I |
| by | | |
| · • | (voting group) | |
| Dated 6/3/2023 | 10:23 AM PDT | |
| 000 | Supred by. | |
| (By a di | ector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary) | ers have not been istee, or other court |
| | MICHAEL M. GUTIERREZ, M.D. | |
| | (Typed or printed name of person signing) | |
| | (Title of person signing) | |