

P95000096443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

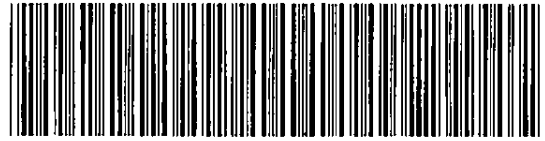
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900429166699

Amend

06/27/24--01003--019 **70.00

RECEIVED

2024 JUN 27 AM 10:38

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

FILED

2024 JUN 27 PM 12:23

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

A. RAMSEY

JUN 28 2024

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 6/27

CERTIFIED COPY

XX PHOTOCOPY

GS

XX FILING

INC AMEND

1. MARBLE MEDICAL INC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Marble Medical, Inc.

DOCUMENT NUMBER: P950000096443

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher P. Litterio

Name of Contact Person

UFP Technologies, Inc.

Firm/ Company

100 Hale Street

Address

Newburyport, MA 01950

City/ State and Zip Code

clitterio@UFPT.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher P. Litterio

Name of Contact Person

at (_____) _____

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 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
Tallahassee, FL 32314

Street Address

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

Marble Medical, Inc.

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

P95000096443

(Document Number of Corporation (if known))

FILED
2024 JUN 27 PM 12 23
CLERK OF THE
FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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)

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PD</u>	<u>Joseph J. Audie, Jr.</u>	<u>3472 Weems Road, Suite 2</u>
<input type="checkbox"/> Add			<u>Tallahassee, FL 32317</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PD</u>	<u>R. Jeffrey Bailly</u>	<u>100 Hale Street</u>
<input checked="" type="checkbox"/> Add			<u>Newburyport, MA 01950</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VPD</u>	<u>Anthony Audie</u>	<u>3472 Weems Road, Suite 2</u>
<input type="checkbox"/> Add			<u>Tallahassee, FL 32317</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>T</u>	<u>Ronald J. Lataille</u>	<u>100 Hale Street</u>
<input checked="" type="checkbox"/> Add			<u>Newburyport, MA 01950</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>S</u>	<u>Christopher P. Litterio</u>	<u>100 Hale Street</u>
<input checked="" type="checkbox"/> Add			<u>Newburyport, MA 01950</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

June 26, 2024

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

June 26, 2024

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

June 26, 2024

Dated _____

Signature /s/ Christopher P. Litterio

(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)

Christopher P. Litterio

(Typed or printed name of person signing)

Director

(Title of person signing)