# P94000004529

(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	e #)		
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Amend Manyl Chy

DEC 12 2016

I ALBRITTON

#### **COVER LETTER**

Division of Corporations<sup>a</sup> 0000664 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company City/ State and Zip Code E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy

(Additional copy is

enclosed)

#### **Mailing Address**

TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address**

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional Copy is enclosed)

### Articles of Amendment

to

Articles of Incorpo	oration &
of	D. D. S. S. J.
HLAN + SHADER D	PM PH CO. C.
(Name of Corporation as currently file	ed with the Florida Dept. of State
19600006452	-7
(Document Number of Con	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	idu Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
MOHANAD A. ELTAHIR,	DPM, PA The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3800 West 12th Ave Hialeah, FL 33021
(Principal office address MUST BE A STREET ADDRESS)	Hialeah, FL 33021
(Same)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
_	
_	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent Mohanael	A. Eltahir
114 Antilla (Florida street a	Ave #3
New Registered Office Address: Corul Gae	ubles Florida 33134
(Ciŋ	(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.
	HAL
Signature of New Regis	tered 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>P1 John D</u>	<u>10e</u>	
X Remove	V Mike J	<u>ones</u>	
X Add	SV Saily S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		ALANTSHADERUM	905 Danieras LN
Add Remove			HOLHWOODE 33021
2) Change	P	Mohanad Eltahia	DPM
Add	·		
Remove			14 Antilla Ave #3 Caral Gables, FL 33139
3) Change	***		
Add			
Remove			
4) Change			
Add			:
Remove			
5) Change		-12.504.51	
Add			
Remove			
6) Change			
Add			
Remove			

	ng or adding additional Articles, enter change(s) here:  ditional sheets, if necessary). (Be specific)
<u></u>	
<del></del>	
<u> </u>	
\ <u> </u>	
f an amer	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provision	s for implementing the amendment if not contained in the amendment itself:
(if no	t applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 12/5/2016	
(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 document's effective date on the Department of State's records.	will 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 13 5 16	
Signature  (By a director, president or other afficer – 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)	
ACAY F SHHDER DPM (Typed or printed name of person signing)	PA
(Title of person signing)	