## P99000013273

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CAROL DA COST	ΓA, MD, PA			
DOCUMENT NUME	BER: P99000013273				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Carol da Costa				
	_ ·	Name of Contact Person	<del></del>		
	Carol da Costa, MD. PA				
	Firm' Company				
	15671 N Kendall Drive				
	Address				
	Miami, FL 33196				
		City/ State and Zip Code	2		
	masielmoreira@chwcm.org				
	E-mail address; (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Alejandro Galguera, CPA		786 at (	443-9417		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment 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

CAROL DA COSTA, MD, PA

( <u>Name</u> )	of Corporation as currently	filed with the Florida De	pt. of State)
	P99000013273		
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this $F$	lorida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contacted," "professional association,"	Corp." "Inc." or "Co". A		" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S			
Withcipul Office address MOST DE AS	<u>TREET ADDRESS</u> )		7. 202
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)  D. If amending the registered agent as	OFFICE BON)		FILED SEE: FLORIDA
new registered agent and/or the ne			THE OF CAC
Name of New Registered Agent	Alejandro Galguera, CPA		
	2828 Coral Way, Suite 201		<del></del>
	(Florida stree	et address)	
New Registered Office Address:	Coral Gables		. Florida 33145
<u></u>		Cityi	(Zip Code)
New Registered Agent's Signature, if et I hereby accept the appointment as registed.	ered agent. I am familiar wi Hefanfro (	ith and accept the obligation	· · ·

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>P1</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Masiel Moreira	15671 N Kendall Drive
X Add			Miami, FL 33196
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			2022 TĂÜL
Add			<u> </u>
Remove			ASSE ASSE
5) Change		<del></del>	
Add			
Remove			37 10A
6) Change		<del>-</del>	
Add			
Remove			

f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)		
	<del></del>	
	2022	
	JUL	
	5	-
	2	1
	PH 4: 3	
		د د
f 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)		
· · · · · · · · · · · · · · · · · · ·		
	······	

The date of each amendment(s) as	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action	on and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s fficient for approval.	;)
	roved by the shareholders through voting groups. The following stateme 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	FILI 2022 JUL-5
by		라 트 그
	(voting group)	488
May 9, 202	2	SSEE P
Signature (By a d	rector, president or other officer – if directors or officers have not been 1, by an incorporator – if in the hands of a receiver, trustee, or other court	PH 4: 37
арроп	ed fiduciary by that fiduciary)	
	Carol da Costa	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	