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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANTHONY L. PA	GLIA, M.D., P.A.	
DOCUMENT NUM	BER: P99000026048		
	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Gary Farmer Esq.		
		Name of Contact Person	n
	International Counsel PLLC		. <u> </u>
	_	Firm/ Company	
	1395 Brickell Ave Ste 853		
		Address	<u> </u>
	Miami, FL 33131		
		City/ State and Zip Cod	e
	uwdoc31@gmail.com		
		sed for future annual report	notification)
For further information	on concerning this matter, plea	se call: at (305	600-3381
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations Box 6327 lahassec, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

ANTHONY L. PAGLIA, M.D., P.A. (Name of Corporation as currently filed with the Florida Dept. of State) ANTHONY E. PAGLIA, M.D., P.A. (Document Number of Corporation (if known) 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: 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) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (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: X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Manager	Amin, Neel H.	2820 NE 214th St.
Add			Suite 701
X Remove			Aventura, FL 33180
2) Change	PTD	Amin, Neel H.	2820 NE 214th St.
X Add			Suite 701
Remove 3) Change			Aventura, FL 33180
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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f an amendment provid provisions for impleme (if not applicable, in	nting the ame	ndment if not con	tained in the ame	ndment itself:	

The date of each amendment(s) addate this document was signed.	loption:, if o	ther than the
Effective date if applicable:		
enective date it 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 date will not be partment of State's records.	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 without shareholder action and shareholder	older
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
March 17, 2 Dated	2022	
Signature		
selected	rector, president or other officer – if directors or officers have not been Lyy an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Neel H. Amin	
	(Typed or printed name of person signing)	
	President, Treasurer, and Director	

(Title of person signing)