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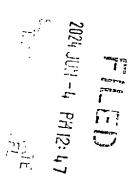
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SYLVESTER AJU	FO, M.D., P.A.			
DOCUMENT NUME	ER: P99000058004	-			
	of Amendment and fee are sub	omitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	JEFFREY L. SAUEY				
	Name of Contact Person				
	JEFFREY L. SAUEY, P.A.				
		Firm/ Company			
	1721 S.E. 16th Avenue, Suite	101			
	Address				
	Ocala, Florida 34471				
		City/ State and Zip Code	<u> </u>		
	jsaucy@saucylaw.com				
	· · · · · · · · · · · · · · · · · · ·	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:	402-0300		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Dep	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	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio The C 2415	Address Iment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation

of

SYLVESTER AILIFO M.D. P.A.

FILED

STUVESTER ASOLO, M.D., L.A.		• ⊆
(Name of Corporation	n as currently filed with the Florida Dept. of Sta	te)
99000058004	2024 JU. (- 4	PH 12: 47
(Docume	ent Number of Corporation (if known).	ETE
ursuant to the provisions of section 607.1006, Florida S	Statutes, this <i>Florida Profit Corporation</i> adopts the	
If a second in a second contact the person person of the contact	morations	
. If amending name, enter the new name of the cor	poration:	
		The new
ame must he distinguishable and contain the word "cor Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbrev	or "Co". A professional corporation name mi	ibbreviation "Corp., ist contain the word
. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADD</u>	RESS)	
	· · · · · · · · · · · · · · · · · · ·	· -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	and the second of the second o	-
 If amending the registered agent and/or registered new registered agent and/or the new registered of 	ed office address in Fiorida, enter the name of the	<u>ie</u>
new registered agent and/or the new registered o	inice address:	
Name of New Registered Agent		
	(Florida street address)	
	(1 407 Mat Street address)	
New Registered Office Address:	, Florid	
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regi	stered Agent:	
hereby accept the appointment as registered agent. I	l am familiar with and accept the obligations of the	position.
Signa	ture 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>	John Doe	
X Remove	<u>V</u>	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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			***************************************
Remove			
6) Change			
Add	- · · · -		
Remove			

	ttach additional sheets, if necessary). (Be specific)
Repla	ace Article IV. Capital Stock in its entirety.
ART	ICLE IV. CAPITAL STOCK
The	total number of shares of capital stock which the corporation shall be authorized to issue, is 10,000 shares with a
value	of \$.01 per share. Such shares shall consist of both voting and non-voting shares of common stock. There shall
1,000	voting shares of common stock and 9,000 non-voting shares of common stock. There shall be no other difference
betw	een the shares other than their voting rights. The corporation currently has 1,000 shares of common stock all of the
same	class. Those 1,000 shares shall be exchanged for 1,000 voting shares and 9,000 non-voting shares of common st

	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) date this document was signed.	May 1, 2024 adoption:		if other than the
Effective date if applicable:			
	(no more than 90	days after amendment file date)	· - · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this document's effective date on the E	block does not meet the applications bepartment of State's records.	able statutory filing requirements, this date will i	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were acaetion was not required.	lopted by the incorporators, or b	oard of directors without shareholder action and s	hareholder
The amendment(s) was/were ac by the shareholders was/were s		number of votes cast for the amendment(s)	
		ugh voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/wer	e sufficient for approval	
by			
	(voting group)	4	
Dated	-30 - 2001		
Signature	(3)~~~~		-
selecti	director, president or other officed, by an incorporator – if in the ited fiduciary by that fiduciary)	er – if directors or officers have not been hands of a receiver, trustee, or other court	
	Sylvester Ajufo, M.D.	Com To	
	(Typed or printed n	ame of person signing)	
	President	Om L	

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