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COVER LETTER

Division of Corporations			
NAME OF CORPORATION: West Florida Orthopelic Rehal	Inc		
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person		• ;	
Firm/ Company			
21117 1		ù	
3417 W Obispo 5t			
u-pg, FL 33629		F10 :6 FE	
City! State and Zip Code	(T)	1. _	
City State and Zip Code P 5 m + h e o 1 e 7 g h o v, Co m E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (727) 647-863 Area Code & Daytime Telephone Num			
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 & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)			

TO: Amendment Section

Mailing Address
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

Articles of Amendment

to

Articles :	of	Incor	poration
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to

West Fl	orida Orthonedic Rehabilac
(Name of Corporation as o	surrently filed with the Florida Dept. of State)
568'	490
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	tion:
HK	The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "In word "chartered," "professional association," or the abbre B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	N K
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3417 W Obispust Tumpa, FL 33629
	A Henderson Blvd Torula street address)
New Registered Office Address:	73609 (Ciny) (Ciny) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. Tam j	of New Registered 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 = ChiefExecutive 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: <u>X</u> Change	PT John Do	<u>e</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	nes	
<u>X</u> Add	<u>SV</u> <u>Sally Sr</u>	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D p	Anny C White	18503 Turtle Dr Lutz, FL 33578
Add			Lu14, TL 3371°
Remove			
2) Change	DVP	Keving White	18503 Turfle Dr Lutz, FL 33548
Remove			
3) Change	DVP	parinity 55mith	3417W Obispust ta-pa, FL 33629
Remove			
4) Change	D P	Philip W 5mith	3417 W Obispost Ta-pg, FL 3362
X Add			14-pg, 1200
Remove			773 743 757
51 Change			
Add			
Remove			9: 0 S 15:1
6) Change			
Add			
Remove			

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an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itsel (if not applicable, indicate N/A)	<u>shares,</u> f:
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an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itsel (if not applicable, indicate NA)	shares, f:

Effective date if applicable: Ono 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 if document's effective date on the Department of State's records.
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 shareholders. The number of votes east 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
The amendment(s) was/were adopted by the board of directors without shareholder action and 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 4-4-24
Signature (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)
(Typed or printed name of person signing)
(Title of person signing)