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FILED & 2021 DEC 13 AM 10: 59

C. BRUMBLEY
DEC 29 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: BENNETT L. WO	DLANSKY, DPM, P.A.	
DOCUMENT NUM	V21002		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all corn	respondence concerning this ma	atter to the following:	
	LAUREN DABAKAROFF		
		Name of Contact Person	n
	UNIVERSITY PODIATRY	ASSOCIATES	
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	4601 SOUTH UNIVERSITY	DRIVE	
		Address	
	DAVIE, FL 33328		
		City/ State and Zip Cod	e
		,	
	DRLAURENDPM@GMAIL		
	E-mail address; (to be us	sed for future annual report	notification)
reate .			
ror further informati	on concerning this matter, plea	se call:	
LAUREN DABAKA	AROFF	at (680-7133
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check:	for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BENNETT L. WOLANSKY, DPM, P.A.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(<u>Name o</u>	f Corporation as currently	filed with tl	he Florida Dept. of	State)
V21993				
	(Document Number of	Corporation	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profii	t Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
UNIVERSITY PODIATRY ASSOCIAT	ES, P.A.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A			
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S				
C. Enter new mailing address, if appli				55
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)			
				92
				
D. If amending the registered agent an	d/or registered office addre	ss in Florida	a, enter the name o	f the
new registered agent and/or the new	registered office address:		•	
Name of New Registered Agent	LAUREN DABA	KAROF	=F	
	LAUREN DABA 4601 S. Unio	iersity.	Drive	
	(Florida stree	t address)		0220
New Registered Office Address:	Davie			orida
New Negastrea Office maress.		Tity)	, FR	orida
New Registered Agent's Signature, if ch				
I hereby accept the appointment as registe	ered agent. I am familiar wi	th and accep	nt the obligations of	the position.
	De la			
	MULALI			
	Simon CV 2			
	Signature of New Reg	ustered Ager	ni, ij 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)

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 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.

X Change	<u>PT</u>	<u> John Do</u>	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Remove				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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)	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	

The date of each amendment(s) ado date this document was signed.		if other than the
Effective date if applicable:	1/1/2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department	ock does not meet the applicable statutory filing requirements, this artment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendme	ent(s)
	oved by the shareholders through voting groups. The following statach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	18/2021	
selected,	ector, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other of fiduciary by that fiduciary) LAURN Dobaksnoff	
_	(Typed or printed name of person signing)	
	Vice president	
	(Title of person signing)	