

N19 000010144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

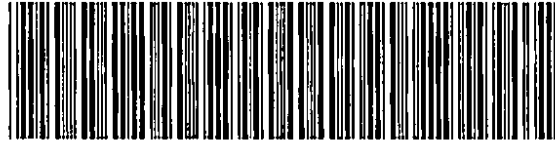
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1/22/21

Office Use Only



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02/02/21--01025--008 **35.00

FILED

2021 JAN 22 A 9:39

Amend

JAN 27 2021

D. CANNELL



2021 JAN 05 10:07:06
FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2021

DS THERAPIES INC.
6055 NW 104TH AVE.
SUITE 2
DORAL, FL 33178

SUBJECT: DS THERAPIES INC.
Ref. Number: N19000010144

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 921A00000119

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DS Therapies

DOCUMENT NUMBER: N19000010144

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Althoff

(Name of Contact Person)

DS Therapies

(Firm/ Company)

6055 NW 104th Ave, Suite 2

(Address)

Doral, FL 33178

(City/ State and Zip Code)

john.althoff@dstherapies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Althoff

(Name of Contact Person)

231-598-0372

(Area Code) (Daytime Telephone Number)

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 & 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

DS Therapies Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N 190000 10144

(Document Number of Corporation (if known))

FILED
2011 JAN 22 A 939
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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)

6055 NW 104th Ave
Suite 2
Doral, FL 33178

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: John Altliff

6055 NW 104th Ave, Suite 2

(Florida street address)

New Registered Office Address:

Doral

(City)

Florida

33178

(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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>John Althoff</u>	<u>6055 NW 104th Ave, Suite 2</u> <u>Doral, FL 33178</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Ileana Ortiz</u>	<u>10311 NW 58th St</u> <u>Doral, FL 33178</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Carlos Leyrer</u>	<u>5601 NW 105 Ct</u> <u>Doral, FL 33178</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

If amending or adding additional Articles, enter change(s) here:
attach additional sheets, if necessary). (Be specific)

Lined area for text entry.

date of each amendment(s) adoption: _____, if other than the document was signed.

date if applicable: _____
(no more than 90 days after amendment file date)

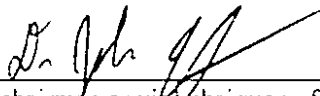
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.

Number of Amendment(s) (CHECK ONE)

Amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/7/2020

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dr. John Althoff
(Typed or printed name of person signing)

President
(Title of person signing)