# P060000083554

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>-</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



800255569058

01/17/14--01004--015 \*\*35.00

14 JAN 17 PM 2: 48

C. LEWIS

JAN 2 4 2014

EXAMINER

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BI-LINGUA	THERAPY SER	RVICES, INC.	
DOCUMENT NUMBER: P06000083554				
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	tter to the following:		
	SANTIAGO RES	TREPO		
		Name of Contact Person		
	BI-LINGUA THERAPY SERVICES			
		Firm/ Company		
	1031 N 16TH AV	E		
		Address		
	HOLLYWOOD, F	L 33020		
		City/ State and Zip Code		
SR	ESTREPO@BET	HERAPY ORG		
<u> </u>	_	sed for future annual report i	notification)	
	2 422.220. (40 04 4.			
For further informatio	n concerning this matter, pleas	se call:		
SANTIAGO RESTREPO at (954) 600-8328				
Name of Contact Person		at (at Coc	_)	
			·	
Enclosed is a check fo	r the following amount made [	payable to the Florida Depar	rtment 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)	
Amo Divi P.O.	ching Address endment Section (sion of Corporations Box 6327 ahassee, FL 32314	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301	

APPROVED AND FILED 14 JAN 17 PM 2: 48 SECOND MARKET ME

#### Articles of Amendment to Articles of Incorporation of

## BI-LINGUA THERAPY SERVICES, INC

(Name of Corporation as currently filed with the Flo	orida Dent of State)	
P06000083554	, and septiment states	
(Document Number of Corporation (if )	known)	
Pursuant to the provisions of section $607,1006$ , Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following a	mendment(s) to
A. If amending name, enter the new name of the corporation:		
		he new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must con	eviation ntain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	Florida	
(City)	(Zip Code)	
•		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent—I am familiar wi	th and accept the obligations of the position.	
,		
Signature of New Registered As	vent, 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: 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	VP	ADRIANA P. ISAZA	1031 N 16TH AVE
Add			HOLLYWOOD, FL
Remove			33020
2) Change			
Add			
Remove		•	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			-
Remove			
6) Change			
Add		-	
Remove			

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

### APPROVED AND FILED

The date of each amendmen	t(s) adoption: 1/1/2013	14 JAN 17 PM 2: 48	, if other than the
date this document was signed		SECTOTORY OF CLASH TALL MENDOCENTIS TO A	
Effective date <u>if applicable</u> :	1/1/2013		
	(no more	than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u>		
	re adopted by the shareholder ere sufficient for approval.	rs. The number of votes cast for the amendment(s)	
		ers through voting groups. The following statement tled to vote separately on the amendment(s):	
		ras/were sufficient for approval	
by	(voting group)		
action was not required.		ors without shareholder action and shareholder	
Dated 1/18 Signature _			
So		or officer – If directors or officers have not been it in the hands of a receiver, trustee, or other court uciary)	
	SANTIAGO RES	TREPO	
	(Тур	ed or printed name of person signing)	
	PRESIDENT	-	
		(Title of person signing)	