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(RM 3-25-15

## **COVER LETTER** TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_\_ Down Syndrome Specialists, Inc DOCUMENT NUMBER: \_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rossniel Marinas Name of Contact Person Firm/ Company 130 W 27th St , Unit#5 Address Hialeah, FI, 33010 City/ State and Zip Code miajolie25@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rossniel Marinas Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

**Mailing Address** 

**\$35** Filing Fee

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

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Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

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## Articles of Amendment to Articles of Incorporation of

Down Syndrome Specialists, Inc	O.		T ( )	里号
(Name of Corporation as currently	filed with the Florida	Dept. of State)	77.7	\chi_2.
P12000098926			ij <del>n</del>	99
(Document Number	of Corporation (if know	n)	·	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Floride</i>	a Profit Corporation ado	pts the following	amendment(s)
A. If amending name, enter the new name of the	corporation:			
Little Steps Therapy, Inc			7	The new
"Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or the B. Enter new principal office address, if applical (Principal office address MUST BE A STREET ALC.  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	tered office address in			
new registered agent and/or the new registere	ed office address:			
Name of New Registered Agent		<u> </u>		
	(Florida street add	ress)		
New Registered Office Address:		. Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent Signature of			of the position.	

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	<del></del>		.√jA
Add Remove			
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change	<del></del>		
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

(/ tracii uuumi	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
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	NIA
<u>.</u>	
. If an amendi	ment provides for an exchange, reclassification, or cancellation of issued shares,
. If an amendi provisions f (if not a	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
. If an amendi provisions f (if not a	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
If an amendi provisions f (if not a	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
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. If an amendi provisions i (if not a	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
. If an amendi provisions f (if not a	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)

The date of each amendment(s) adordate this document was signed.	ption: 03/1//2015	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 03/17/201	15 <sub>^</sub>	
Signature	The civiles	
(By a dire selected,	ector, president or other officer—if-directors or officers have not been by an incorporator—if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	_
	Rossniel Marinas	
<u>-</u>	(Typed or printed name of person signing)	
F	President	
	(Title of person signing)	<del></del>