P1600097089

(Reque	stor's Name)	
(Addres	is)	
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(City/St	ate/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name	e)
(Docum	nent Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2111 JUL 23 P & 1

'JUL **2 7** 2018

T. Lawrence



COVER LETTER

TO: Amendment Section Division of Corporations

SAME OF CORPOR	ATION: GOMEZ BEHAVI	OR THERAPY CORP	
OCUMENT NUMB	D16000007080		
he enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
lease return all corresp	condence concerning this ma	tter to the following:	
1	MEILY GOMEZ		
1		Name of Contact Person	n
-		Firm/ Company	
8	3340 NW 32 CT		
-		Address	
i	MIAMI, FL 33147		
-		City/ State and Zip Cod	e e
omero	leal@bellsouth.net		
	E-mail address: (to be us	sed for future annual report	notification)
or further information	concerning this matter, pleas	se call:	
MEILY GOMEZ		786	768-1744
Name o	f Contact Person	Area Code & Daytime Telephone No	
nclosed 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	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
•	ion of Corporations		Iment Section on of Corporations
	Box 6327	Clifton	Building
	hassee, F1, 32314	2661 H	Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment

to

Articles of Incorporation

of

FILED

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P16000097089	2810 JUL 23 P 2 48
(Document Number of Document Number of Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	of Corporation (if known). SECRETARY OF STATE SECRE
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	19772 NW 77 PL
Principal office address MUST BE A STREET ADDRESS	HIALEAH, FL 33015
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19772 NW 77 PL
(maning dates MALIE AT VALUE DV.)	HIALEAH, FL 33015
). If amending the registered agent and/or registered office add	
	883
new registered agent and/or the new registered office address	<u>ss:</u>
	<u></u>
new registered agent and/or the new registered office address Name of New Registered Agent	treet address)
new registered agent and/or the new registered office address Name of New Registered Agent	

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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ing additional Artic cets, if necessary).	(Be specific)			
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					 ·
					
					·
		<u> </u>			
an amendment ni	rovides for an exch:	ange, reclassificat	ion, or cancellatio	n of issued shares.	
	lementing the amen	idment if not cont	ained in the amen	dment itself:	
rovisions for imp	de, indicate Na()				
irovisions for amplicab (if not applicab					
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed ,		
	5/2018	
Effective date if applicable:	(no more than 90 days after amendment file date	2)
	The most man an adjust after summand in the	,
Note: If the date inserted in this badocument's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	its, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes east for the am ficient for approval,	iendment(s)
	oved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	nted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and share	cholder
07/25/2018		
Dated		
	(A)	
Signature	MO10267.	
(By a di	ctor) president or other officer – if directors or officers have	not been
selecter	by an incorporator – if in the hands of a receiver, trustee, or	other court
appoint	ed fiduciary by that fiduciary)	
	MAILY GOMEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u>. </u>