

K09181

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Amendment

09/15/06

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Fluency Clinic, Inc.
(Name of Corporation)

DOCUMENT NUMBER: K09181

The enclosed ~~Statement of Change of Registered Office/Agent~~ and fee are submitted for filing.

~~ARTICLES OF AMENDMENT~~

Please return all correspondence concerning this matter to the following:

Marianne Splitter
(Name of Contact Person)

Miami Fluency Clinic, Inc.
(Firm/Company)

12515 Orange Drive Suite 809
(Address)

Davie, FL 33330
(City/State and Zip Code)

For further information concerning this matter, please call:

Marianne Splitter at (954) 424-0380
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

**Articles of Amendment
to
Articles of Incorporation
of**

MIAMI FLUENCY CLINIC, INC.

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

K09181

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

THE PRINCIPAL OFFICE AND MAILING ADDRESS SHALL BE:

12515 ORANGE DRIVE

SUITE 809

DAVIE, FL 33330

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: SEPTEMBER 12, 2006

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

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature

Marianne Splitter
(Signature of an officer or director)

MARIANNE SPLITTER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35