M81746

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(RM 2-12-15

<u>COVER LETTER</u>	
FO: Amendment Section Division of Corporations	SÉCIC ALL AH,
NAME OF CORPORATION: Acupuncture and Massage College, Inc.	
DOCUMENT NUMBER: M81746	
The enclosed Articles of Amendment and fee are submitted for filing.	OKIDS OKIDS
Please return all correspondence concerning this matter to the following:	
Nancy Browne	
Name of Contact Person	
AMC	
Firm/ Company	
9255 SW 99th St.	
Address	
Miami, FL 33176	
City/ State and Zip Code	
nancbrowne17@gmail	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Name of Contact Person			_{at (} 305	, 274-4989
			Area Code & Daytime Telephone Number	
Enclosed is a	check for the	following amount made	payable to the Florida Depa	artment of State:
\$35 Filing	g 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Acupuncture and Massage College	, Inc. s_{c}	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
M81746	AN EB	11
(Document Number of Corporation (if	known)	ALCOHOL:
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amer	dment(s)
A. If amending name, enter the new name of the corporation:	2: 4	U
Acupuncture Treatment Clinic, Inc.	\sim	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain	
B. Enter new principal office address, if applicable:	9255 SW 99th St.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL 33176	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9255 SW 99th St.	
(maning address <u>milit big it to si o i i i est mor</u>	Miami, FL 33176	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent N/A		
(Florida stree	ot addrasel	
New Registered Office Address: (City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	
Signature of New Registered As	gent, 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
5) Change			
Add			
Remove			
			-
6) Change			
Add			
Remove			

/A	ional sheets, if necessary).	ticles, enter change(s) here (Be specific)		
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	<u>.</u>			
				
		,		
	y 			
·== .v.				
If an amend	nent provides for an exc	hange reclassification or	cancellation of issued shares	
If an amend	ment provides for an exc or implementing the am	hange, reclassification, or endment if not contained i	cancellation of issued shares, n the amendment itself:	
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The date of each amendment(s) adoption:	, if other than the			
date this document was signed.				
Effective date if applicable: February 17, 2015	_			
(no more than 90 days after amendment file date)				
Adoption of Amendment(s) (<u>CHECK ONE</u>)				
The amendment(s) was/were adopted 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.				
Dated February 5, 2015				
Signature				
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
Richard Browne				
(Typed or printed name of person signing)				
President				
(Title of person signing)				