N07000003356

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	#)
_	WAIT	MAIL
(Busin	ess Entity Nam	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	
	•	

Office Use Only



800132435738

07/15/08--01037--018 **43.75

OBJUL 15 PH 1: 19
SECRETARY OF STATI
FALLAHASSEE, FLORID

Amens R. Couthotto JUL 17 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Therapy 4 Kiels		
DOCUMENT NUMBER: NO 000 0 3354		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Contact Person) (Name of Contact Person) (Firm/ Company)		
2843 Joseph av		
EVILLO, FC 327.65 (City/ State and Zip Code)		
For further information concerning this matter, please call:		
Sabrena Kelley Lews at (401) 929-4649 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation
Name of corporation as currently filed with the Florida Dept. of State)
(Document number of corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation) AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Julie Henry-Remove as Board member Direct and Secretary Carrie Colon-Remove as Board Member
Carrie Colon- Remove as Board Member
and Treasury
SECRETARY OF STATE ALLAHASSEE FLORIDA

(Attach additional pages if necessary) (continued)

The date of adoption of the amendment(s) was: 7 14 08
Effective date if applicable: 7 14 8
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or
Sabrenia Kelley-hewis
(Typed or printed name of person signing)
Director/President
(Title of person signing)

FILING FEE: \$35