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SECRETARY OF SAME TALLAMASSEE, FLORIS

AMEND 13

COVER LETTER

TO: Amendment Section **Division of Corporations**

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: Mi	racle Mile Psychological Therapy Grou	up Inc
DOCUMENT NUMBER: N0800	0007279	
The enclosed Articles of Amendme	nt and fee are submitted for filing.	
Please return all correspondence con	ncerning this matter to the following:	
Grisel C		
Miracle Hile A	(Name of Contact Person) Sychological Therapy Grove (Fifm/ Company)	The
955 NW 3rd Street,	# 105 (Address)	
Miami, FL 33128		
- 	(City/ State and Zip Code)	
For further information concerning	this matter, please call:	
Grisel Cabrera	at (305) 324-949) 4
(Name of Contact Person)	(Area Code & Daytime	: Telephone Number)
Enclosed is a check for the following	g amount made payable to the Florida Dep	partment of State:
✓ \$35 Filing Fee		S52.50 Filing Fee Certificate of States Certified Copy (Additional Copy) is enclosed!
Mailing Address Amendment Section	Street Address Amendment Section	8 AM SEE.F

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2008

GRISEL CABRERA MIRACLE MILE PSYCHOLOGOCAL THERAPY GROUP 955 NW 3RD STREET #105 MIAMI 0, FL 33128

SUBJECT: MIRACLE MILE PSYCHOLOGICAL THERAPY GROUP INC.

Ref. Number: N08000007279

We have received your document for MIRACLE MILE PSYCHOLOGICAL THERAPY GROUP INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 108A00059873

SECRETARY OF STATE. TALLARIDA

3008 DEC 53 WW 8: 00

RECEIVED

Articles of Amendment to Articles of Incorporation of

		Therapy Group In		
(Name of Corporation as co	urrently filed with	the Florida Dept. of St	tate)	
	N08000007	279		
(Document 1	Number of Corpora			
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of		s, this <i>Florida Not For I</i>	Profit Corporation ado	ots
A. If amending name, enter the new nam	e of the corporati	on:		
The new name must be distinguishable an abbreviation "Corp." or "Inc." <u>"Compan</u>			corporated" or the	
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>			**************************************	
				Š
			C ≥	:
			AFA) E
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF				
(- XOD DOW		10 T	ð E
				-
		· .	E # a	· •
D. If amending the registered agent and/	an registered offic	adduses in Florida on	stou the name of the	
new registered agent and/or the new r	egistered office ad	dress:	iter the name of the	
Name of New Registered Agent:	Grisel Cabre	ro		
Name of New Negisterea Agem.	Onser Cabre	ia		
N. D		Street, Suite 105		
New Registered Office Address:	(Floi	ida street address)		
	<u>Miami</u>	 	, Florida_33128	
		(City)	(Zip Code)	
New Registered Agent's Signature, if char hereby accept the appointment as registed position.		Agent: familiar with and acce	ept the obligations of t	he
·	Signature of New	Registered Agent, if ch	anging	
•			0 0	
	Page 1 of 3			

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) **Type of Action** <u>Title</u> **Name** <u>Address</u> Luisa Perez 5555 Collins Ave Pres. ____ 🗖 🚨 Add Apt. 14 D __**__** 🖸 Remove Manuel De La Portilla Pres. Miami Beach Fl 33139 Remove ____ Add ___ □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: November, 26, 2008		
Effective date <u>if applicable</u> :	November 26, 2008 (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or radopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Signature _4	and towell	
have	the chairman or vice chairman of the board, president or other officer-if directors in not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Arnold Powell, CPA (Typed or printed name of person signing)	
	Director (Title of person signing)	