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MAR 2 4 2016 C LEWIS February 11, 2016

Re: N15000010816

ABAMIA Inc.

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Please find a check for \$35.00 to effect a name change and a change of officers and directors.

Should there be any questions I can be reached at 786-853-3190.

Or my email address is: joshblank95@gmail.com

Thank you,

Joshua Blank abaMIA Inc.,

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ABAMIA, Inc.	
DOCUMENT NUMBER: N 150000 1086	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Joshua Blank (Name of Contact Person)	
(Name of Contact Person)	
ABAMIA; Inc.	
(Firm/ Company)	
2945 Coconut Ave #3	
(Address)	
Miami, H. 33133 (City/ State and Zip Code)	
(City/ State and Zip Code)	
joshblank 95 e gmail. com E-mail address: (to be used forfuture annual report notification)	
E-mail address: (to be used locature annual report notification)	
For further information concerning this matter, please call:	
Toshua at 786 - 813 - 3190 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



of .	SECRETARY OF STATE DIVERSE TO CORPORATION
ABAMIA Inc.	
(Name of Corporation as currently filed with the Florida Dept. of S	tate) 16 MAR 18 PM 12: 55
N 1500 0010 816	
(Document Number of Corporation (if known)	
Durguent to the provisions of gaption 617 1006 Floride Statutes, this Elevide Not For Profit Comme	mating alone the College Co.
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corpora amendment(s) to its Articles of Incorporation:	auon adopts the following
A. If amending name, enter the new name of the corporation:	
autism There or in Public Spaces Inc.	The new
autism Therapy in Public Spaces Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbre	viation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	. #~
B. Enter new principal office address, if applicable: 2945 Coco	nut Ave 113
(Principal office address <u>MUST BE A STREET ADDRESS)</u>	
C. Enter new mailing address, if applicable:	100 #7
(Mailing address MAY BE A POST OFFICE BOX) 2945 Coco nut M: am; 7/0v; 0	77.77
1911. am; , +10v. 0	a 33131
·	
D. If amending the registered agent and/or registered office address in Florida, enter the nam	a of the
new registered agent and/or the new registered office address:	eo tre
Name of New Registered Agent: Joshua Blank	
294J Cocomut Ave #3	Mim 33137
(Florida street addres	(S)
New Registered Office Address.	フクレフク
	Florida 33) 3
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	A.II. 112
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations	of the position.
1/~1	·
Signature of New Registered Agent, if o	thanging

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 X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	President	Dr. Alexis Brown	4770 Biscagne Blub
Add Remove			Swite 1448
Remove			Mi ani 71. 33133
2) Change	President	Joshua Blank	2945 Coconut Loe #3 Miam
_√ Add			9/0v: DA, 33135
Remove			
3) Change	Vice Pres	Joshun Blank	2945 Cocanut Are
Add			<u> </u>
Remove			Miami 71 33133
4) Change	Vice Pres	Ronni Blank	
✓ Add			
Remove			
5) Change	Director	Elizabeth Canon	4770 Bis Cayne Blud
Add			Suite 1440
			Miam: 71. 33132
6) Change	<u> Director</u>	Aaron Blank	2845 Coconut Au
Add			#3
Remove			mion: 7). 33,33
11011010			

f amending or adding additional Ar ttach additional sheets, if necessary).	. (Be specific)	
		—
<u> </u>		
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The date	e date of each amendment(s) adoption: 7ebruary 11, 2016. e this document was signed.	, if other than the
Eff	ective date <u>if applicable:</u> (no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Add	option of Amendment(s) (CHECK ONE)	
Ø	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 4611, 2016	
	Signature (By the Chairman or vice chairman of the board, president or other officer-if directors	DIV.
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	SECRETA 16 MAR 1
	Toshua Rlank (Typed or printed name of person signing)	8 PHI2:
	(1 yped of printed name of person signing)	12: 55 13: 55
	Proc. DINT	¥ **

(Title of person signing)