N170000 16944

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Metamorphic Counse	eling International, C	Corp.		
	N17000010944				
DOCUMENT NUMBER:			-,		
The enclosed Articles of An	nendment and fee are subn	nitted for filing.			
Please return all correspond	ence concerning this matte	r to the following:			
MARLON M MORALES					
	1.5.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	(Name of Contact P	Person)		
METAMORPHIC COUNS	ELING INTERNATIONA	L, CORP.			
, , , , , , , , , , , , , , , , , , , ,		(Firm/ Compan	ıy)		
1921 SW 82 PL					
		(Address)			_
MIAMI, FLORIDA 33155					
	((City/ State and Zip	Code)		
metacounselint@gmail.com	ï				/
	-mail address: (to be used	for future annual re	port notification	n)	
For further information conc	erning this matter, please of	call:			
Marlon M Morales			786 t	578-2630	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Nun	nber)
Enclosed is a check for the f	ollowing amount made pay	vable to the Florida	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & { Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certif	0 Filing Fee feate of Status fed Copy tional Copy is osed)	
Mailing A	<u>ddress</u>	St	reet 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

Metamorphic Counseling International, Corp.		
(Name of Corporation as cur	ently filed with the Florida De	pt. of State)
N17000010944		
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Profit</i>	t Corporation adopts the following
A. If amending name, enter the new name of the corporation	ation:	
		The new
name must be distinguishable and contain the word "corpo	oration" or "incorporated" or the	
"Company" or "Co." may not be used in the name.	·	Hirton was
B. Enter new principal office address, if applicable:		<u> </u>
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u>)	# # # # # # # # # # # # # # # # # # #
		V(C)
		<u> </u>
C. Enter you mailing address if applicable.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		美国 の
		
D. If amending the registered agent and/or registered of		he name of the
new registered agent and/or the new registered offic	<u>e address:</u>	
Name of New Registered Agent:		
	, , , , , , , , , , , , , , , , , , ,	
	(Florida stre	
New Registered Office Address:	(Fioriaa sire	eer adareys)
	.0:. 1	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		igations of the position.
	Signature of New Registered Ag	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 X Remove X Add	PT John Doe V Mike Jones SV Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>v</u>	Betsaida Giotto	7100 SW 99 Ave Ste 203	
Add			Miami, Florida 33173	
X Remove				
2) Change	<u>v</u>	Mayda M Mora	7100 SW 99 Ave Ste 203	
X Add			Miami, Florida 33173	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

attach additional sheets, i	f necessary).	(Be specific)				
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The	date of each amendment(s) adoption	: 01/01/18	, if other than the
	this document was signed.	/.	
Effe	ective date <u>if applicable</u> : 01/01/	7 5 no more than 90 days after amendment	file date)
Note		not meet the applicable statutory filing	requirements, this date will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
卧	The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes	s cast for the amendment(s)
	There are no members or members ent adopted by the board of directors.		amendment(s) was/were
	Dated 12/ 1/	7	
	Signature		
	have not been selec	vice chairman of the board, president of ted, by an incorporator — if in the hands ed fiduciary by that fiduciary)	
	MARIE	(Typed or printed name of person	
		(Typed or printed name of perso	on signing)
	Trea	durar	
		(Title of person sign	ing)