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SECREVARY OF STATE TALLAHASSEE, FLORIDA

C. LEVIS SEP 19 2013 EXAMINGER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Amorican Therapeutic Association Tro				
DOCUMENT NUMBER: 20000002443				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Cyrthia Sanchez				
Name of Contact Person				
American Thorapoutic Association, Inc.				
2471 N.W. 72 Avenue				
Miami FC 33122 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Cynthia Sanchez at (786) 443-16613.				
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Amendment Section				

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					
MERICAN Theraper (Name of Corporation as currently filed with the F	tic Association Inc.				
PoooD2443 (Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:	771				
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association." or the abbreviation	'Co". A professional corporation name must contain the				
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2471 N.W. 72 Avenue Miami, Fl 33172				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 3012				
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent					
(Florida str New Registered Office Address: (City)	reel address) , Florida (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>t:</u>				
Signature of New Registered	Agent, 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 <math>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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		-		
Add				
Remove				
3) Change		_		
Add				
Remove			•	
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
16	h to the state of
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself:
(if not applicable, indicate N/A)	

•	FILED, if other than the
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	13 SEP 12 PM 1. 22
Effective date if applicable:	SECRE
(no more than 90	O days after amendment The CARTASSEE, FLORIDA
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to the shareholders.	
"The number of votes cast for the amendment(s) was/wer	e sufficient for approval
by	,,,
(voting group)	-
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
Dated 9/9/2013	 -
Signature	cer if directors or officers have not been
	cer — if directors or officers have not been e hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Cunta	ia Sanchor
(Typed or p	orinted name of person signing)
	sident.
' (Ti	tle of nerson signing)