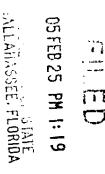
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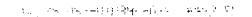
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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MN.C.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: SOUTH FLOO	eIDA THERAPY ASSO	CIATES, INC.
DOCUMENT NU	JMBER: <u>PO</u> [0000 L	10946	
The enclosed Artic	cles of Amendment and fee ar	e submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
<del></del>	GRISEL F	9412_ f Contact Person)	<del></del>
	THERAPY N	MATTERS, INC.	
	1717 E. Busch	BIVD, SUITED	·
	TAMPA, FL	2 33612 ate/ and Zip Code)	<u>.</u>
For further inform	ation concerning this matter, p	please call:	
(Name of Contact Person) at (813) 610-4143  (Area Code & Daytime Telephone Nu		4143 Telephone Number)	
Enclosed is a chec	k for the following amount:		_
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	12 \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address  Amendment Section  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32399	

Articles of Amendment		
to	=	~
Articles of Incorporation		五
of	<u>&gt;</u>	
SOUTH FLORIDA THERAPY ASSOCIATES, INC.	ASS	25
(Name of corporation as currently filed with the Florida Dept. of State)	AHASSEE FLORIDA	PM 1:19
P01000040946	OR S	**
(Document number of corporation (if known)	一gr	9
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit C</i> adopts the following amendment(s) to its Articles of Incorporation:	orporation	
NEW CORPORATE NAME (if changing):		
THEOLOUMBITEDS INC		
THERAPYMATTERS / In C.  (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.	7 80- 80	-
(A professional corporation must contain the word "chartered", "professional association," or the abbre		.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article	ie Number(	s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)		
no no		
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(Attach additional pages if necessary)		•
(		
If an amendment provides for exchange, reclassification, or cancellation of issued shar for implementing the amendment if not contained in the amendment itself: (if not applica-	res, provisionable, indicate	ons N/A)

(continued)

The date of each amendment(s) adoption: Feb 8, 2005
Effective date if applicable: Feb 8, 2005 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 9th day of FEBRuary, 2005.
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
GRISEL Ruiz
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)

FILING FEE: \$35