P01000040946

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05 AUG 15 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THERAPYMATTERS, INC.

DOCUMENT NUMBER: P01000040946

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GRISEL RUIZ
(Name of Contact Person)

THERAPYMATTERS, INC
(Firm/ Company)

1717 E. BUSCH BLVD. SUITE D
(Address)

TAMPA / FLORIDA / 33612
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

GRISEL RUIZ at (813) 610-4143
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐ $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
of

THERAPYMATTERS, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

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P01000040946
(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

ADD ARTICLE II THE PRINCIPAL PLACE OF BUSINESS ADDRESS:
1717 E. BUSCH BLVD, SUITE D TAMPA, FL 33612
ADD ARTICLE II THE MAILING ADDRESS OF THE CORPORATION IS:
1717 E. BUSCH BLVD, SUITE D TAMPA, FL 33612
ADD ARTICLE V THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT: GRISEL RUIZ, 1717 E. BUSCH BLVD, SUITE D, TAMPA FL 33612
I CERTIFY THAT I AM FAMILIAR WITH AND ACCEPT THE RESPONSIBILITIES OF REGISTERED AGENT: GRISEL RUIZ
ADD ARTICLE VII THE INITIAL OFFICERS AND/OR DIRECTORS OF THE CORPORATION ARE:
(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

TITLE CEO, GRISEL RUIZ, 6315 CASS RD, TAMPA FL 33615
TITLE PRESIDENT, HARRIET BLADWELL 16003 Penwood Drive, Tampa FL 33647

(continued)

The date of each amendment(s) adoption: July 22, 2005

Effective date if applicable: July 22, 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 22 day of July, 2005.

Signature [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