P05000096417

(F	Requestor's Name)
(A	Address)
(<i>F</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



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SECRETARY OF STATE

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APR 1 7 2012 **T. BROWN**

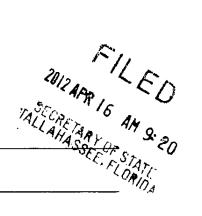
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	_{RATION:} Family The	rapy Resource	NC.
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Eduardo Garcia		
		Name of Contact Persor	1
	Family Therapy F	Resource INC.	
		Firm/ Company	
	14750 S.W 26 St	. Suite 212	
		Address	
	Miami, FI 33185	•	
		City/ State and Zip Code	e
be	yondmedicalresea	rch@yahoo.com	า
		sed for future annual report	
For further information	n concerning this matter, pleas	se call:	
Eduardo Gai	rcia	at (305	222-1135
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	urtment of State:
■ \$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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



Family Therapy Resource Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

ment(s) to

 If amending name, enter the new name of the Beyond Medical Research Inc. 			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or	orp," "Inc," or "C	Co". A professional corporation	d" or the abb name must co
3. Enter new principal office address, if applica		14750 SW. 26 St. Suite 212	
Principal office address <u>MUST BE A STREET A</u>	(DDRESS)	Miami, Fl 33185	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROY)	14750 SW. 26 St. S	uite 212
man be ma		Miomi El 22105	
		Miami, Fl 33185	
D. If amending the registered agent and/or registered new registered agent and/or the new registered N/A Name of New Registered Agent			the
new registered agent and/or the new register		ss in Florida, enter the name of	the control of the co
new registered agent and/or the new register	ed office address:	et address)	the Zip Code)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove		····	
2) Change Add Remove			
3) Change Add Remove		_	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			



E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an 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) N/A

The date of each amendment(s) a	doption: 04/11/2012
Effective date <u>if applicable</u> :	/11/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
action was not required. The amendment(s) was/were add action was not required. Dated 04/09/ Signature (By a d selecte	irector, president or other officer – it directors or officers have not been d. by an incorporator if in the bands of a receiver, trustee, or other court
аррош	ed fiduciary by that fiduciary)
	Alexis Rodriguez
	(Typed or printed name of person signing)
	President
	(Title of person signing)