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R. WHITE

ALLAHASSEE, FECHI

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: PAULA &	ASIL , L.M.,	4.C. N.C.C., P.A
DOCUMENT NUMB	er: <u>P060</u>	000 940	4.c, N.C.C., P.A 526
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
_	Pa	ula Busil	
		Name of Contact Person	<u> </u>
-		Firm/ Company	
-	813 N. Fe	racret A	· · · · · · · · · · · · · · · · · · ·
	813 N. Fe	Address //. 32F0_	3
•		City/ State and Zip Cod	e
n	E-mail address: (to be us	ell South.	netification)
For further information	concerning this matter, please	se call:	
Par	le Baril	at (407	228-9503
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Mail	ing Address	<u>Street</u>	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

Paula Basil, L.M.H.C.	ICC PA 15 FINA 2 DOG.
(Name of Corporation as cu	rrently filed with the Florida Dept. of State) 11 (1 33
Po	60000 9 141 0 2 6 min
(Document Nut	nber of Corporation (if known)
cursuant to the provisions of section 607.1006, Florida Statute as Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporati	on:
A No Abuse Inc	,
name must be distinguishable and contain the word "corp	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	813 N. Fernercet Aur. Or 1. Fl. 32803
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAA
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a Name of New Registered Agent	
(Flo.	rida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature. if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.

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 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	¥	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		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_/	
Add			
Remove		/	
6) Change			
Add			
Remove			

E. <u>If a</u> (At	amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)
	
· If	an amendment provides for an exchange, reclassification, or cancellation of issued shares, roylsions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
one amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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.	
Signature (By a director, president or other officer – if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
PAULA BASTL (Typed or printed name of person signing)	
President	
(Title of person signing)	