P09000001995

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Amend CC

COVER LETTER

TO: Amendment Sec Division of Corp				
	RATION: MONICA JA PRED. P09000067995		P.A.	
DOCUMENT NUM	BER: - 199000007993	_		
The enclosed Articles	s of Amendment and fee are subn	nitted for filing.		
Please return all corre	espondence concerning this matte	r to the following:		
	MONICA JACKMA	۸N		
		Name of Contact Person	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	MONICA JACKMA	N OTR/L, P.A.	A Strange J. C.	
, , `*,.	* * * *	Firm/ Company		
	3242 SW FILLMO	RE ST		
		Address		
	PORT ST LUCIE,	FL 34953		
		City/ State and Zip Code		
MJACKMAN2317@GMAIL.COM				
E-mail address: (to be used for future annual report notification)				
For further informati	on concerning this matter, please	call:		
MONICA JA	CKMAN	_{at (} 352	283-2484	
Name	e of Contact Person	Area Cod	e & Daytime Telephone Number	
Enclosed is a check	for the following amount made pa	yable to the Florida Depar	tment of State:	
□ \$35 Filing Fee	Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
М	ailing Address	Street A	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

MONICA JACKMAN Ö

VICINION UNCINIV	AN GEL 172, 1 : A.	
(Name of Co	poration as currently filed with the Florida Dept. of State)	
P09000067995		
	(Document Number of Corporation (if known)	

mendment(s) to

Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Pro</i>	ofit Corporation ado	pts the following amendn
A. If amending name, enter the new name of the	corporation:		The second
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or th	rp," "Inc," or "Co". A pr		
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>		14 SEP 20
D. If amending the registered agent and/or regis		rida, enter the nam	
new registered agent and/or the new registere	office address:		
	(Florida street address)		
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent: at. I am familiar with and ac	ccept the obligations	of the position.
Signature of	f New Registered Agent, if ch	anging	

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.

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>	Name	<u>Addres</u> s
1) Change	Р	MONICA JACKMAN	3242 SW FILLMORE ST
Add			PORT ST LUCIE, FL 3495
Remove			
2) Change			
Add			
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)
PLEASE AMEND ARTICLE III TO NOW READ AS FOLLOWS:
The purpose for which this corporation is organized is:
TO PRACTICE THE PROFESSION OF LICENSED OCCUPATIONAL, BEHAVIORAL,
PHYSICAL AND SPEECH THERAPY, PLUS CONSULTING
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)

The date of each amendment date this document was signed.	(s) adoption: AUGUST 25, 2014	, if other than the
Effective date if applicable:	AUGUST 25, 2014	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated AUC	GUST 25, 2014	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	MONICA JACKMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	