## P10000050299

(Re	equestor's Name)				
(Ad	dress)				
(Ac	ldress)				
(Ci	ty/State/Zip/Phon	e #)			
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BIVISION OF CORFORATIONS

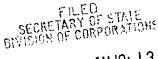
35,15

## **COVER LETTER**

TO: Amendment Section Division of Corporations

	ATION: LINDA FRI ER: P1000005029		T, PA	
	f Amendment and fee are su			
Please return all corresp	ondence concerning this ma	tter to the following:		
· · · · · · · · · · · · · · · · · · ·	LINDA CARBALL	.0		
_	LINDA CARBALL	Name of Contact Person	n	
	12525 SW 62 AV	Firm/ Company ENUE		
-	MIAMI, FL 33156	Address		
LIN	DACARBALLO@			
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
LINDA CARB	ALLO	at (305	299-2628	
Name o	f Contact Person	Area Code & 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



15 MAR -2 AM 10: 13

## LINDA FRIEDBERG, MSPT, PA

(Name of Corporation as	currently filed with the Flo	orida Dept. of State)		
P10000050299				
(Documer	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation add	opts the following	g amendment(s) to
A. If amending name, enter the new na				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	co". A professional corporat	cated" or the ab ion name must c	- breviation
B. Enter new principal office address, (Principal office address MUST BE A S		N/A		
· ·				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name	e of the	
Name of New Registered Agent	N/A			
	(Florida stre	et address)		
New Registered Office Address:	N/A	, Florida_	(i = Code)	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tereplagent. I am familiar w	ith and accept the obligations	of the position.	
Si	gnature of New Registered Ag	gent, 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 <math>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	<del> </del>	N/A	_	
Add				
Remove	.,			
2) Change		<u> </u>	 _	
. Add				
Remove				
3) Change			 -	
Add				
Remove				
4) Change			_	
Add				
Remove				
5) Change				
Add			-	
Remove				
O Characa				
6) Change		-	 -	
Add				
Remove				

(Attac	ending or adding additional Articles, enter change(s) here:  additional sheets, if necessary). (Be specific)	
/A	, , , , , , , , , , , , , , , , , , ,	
		<del></del>
		-
If an	nmandmant provides for an evakance reclassification on cancellation of issued shares	
Dro	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself:	
	if not applicable, indicate N/A)	
I/A		



The date of each amendment(s) adoption: 02/23/2015	_, if other than the
date this document was signed. 15 MAR -2 AM 10: 14	
Effective date if applicable: 02/23/2015	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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.	
Dated 2 23 2015	
Signature Lul. Calallo	
(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)	
LINDA CARBALLO	_
(Typed or printed name of person signing)	
PRESIDENT	_
(Title of person signing)	