P1.0000071126

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
	4/28/	(^

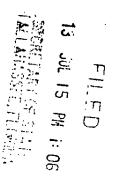
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2007/1801

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	extroit:	Morency, MSPT	, P.A.
DOCUMENT NUMI	BER: P1000007112	6	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Angelitta Morenc	у	
		Name of Contact Person	n
	Angelitta Morenc	y, MSPT, P.A.	
		Firm/ Company	
	N/A		
	····	Address	
	Pembroke Pines,	FL 33025	
		City/ State and Zip Cod	e
Δη	gelittaM@gmail.co	nm.	
711		sed for future annual report	notification)
	2 222.255. (10 55 4.		
For further information	n concerning this matter, pleas	se call:	
Angelitta Mo	rency	at (954	649-0034
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
	ling Address		Address
	endment Section		Iment Section
	sion of Corporations Box 6327		on of Corporations Building
	ahassee, FL 32314		Executive Center Circle
	•	Tallahs	assee FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	currently filed with the	Florida Dept. of State)		
P10000071126				
(Documen	nt Number of Corporation	(if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation add	opts the following	amendment(s
A. If amending name, enter the new na	ame of the corporation:			
AVM Therapy Services,	P.A.		,	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporat	ated" or the abl	reviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable:	N/A	·• .	
			Pic. 2 fee	ಪ
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>		N/A		F 15
			- 19 G	골 D
D. If amending the registered agent an new registered agent and/or the new			e of the	90 :
Name of New Registered Agent	N/A			
	,	treet address)		
New Registered Office Address:		, Florida_		
	(City	v)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		with and accept the obligations	of the position.	

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.

<u>PT</u>	John Doe	
<u>v</u>	Mike Jones	
<u>sv</u>	Sally Smith	
Title	<u>Name</u>	<u>Addres</u> s
N/A	N/A	N/A
		-
		
		
		
	<u>V</u> <u>SV</u> <u>Title</u>	V Mike Jones SV Sally Smith Title Name

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
	ditional sheets, if nec	essary). (Be sp	pecific)			
N/A						
	 			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
						· · · · · · · · · · · · · · · · · · ·
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•						
		.				
. <u>If an amei</u>	ndment provides for	an exchange, r	eclassification	, or cancellatio	n of issued shar	es.
	is for implementing		if not contain	<u>ied in the amen</u>	dment itself:	
	ot applicable, indicate	? N/A)				
N/A						
						
	-					

The date of each amen			_, if other th
	date this document was signed.		
Effective date if applic	ble: (no more than 90 days after o	amendment file date)	_
Adoption of Amendme	t(s) (<u>CHECK ONE</u>)		
	s/were adopted by the shareholders. The number of vas/were sufficient for approval.	otes cast for the amendment(s)	
	s/were approved by the shareholders through voting govided for each voting group entitled to vote separate		
"The number o	votes cast for the amendment(s) was/were sufficient for	or approval	
by	(voting group)	"	
☐ The amendment(s) was action was not require	s/were adopted by the board of directors without shared.	eholder action and shareholder	
The amendment(s) was not require	s/were adopted by the incorporators without sharehold.	der action and shareholder	
Dated	July 10, 2013		
Signa	0-1		
	(By a pirector) president or other officer – if direct selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)		
	Angelitta Morency		