109810000114

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Oity/Otate/Zip/r Horie #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

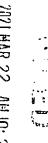
Office Use Only



600361634956

03/22/21--01021--022 **52.50







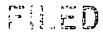
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: The Center for Psy	chological Fitness, PA				
DOCUMENT NUMBER: P11000018801						
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:						
•	Name of Contact Person					
	The Center for Psychological Freedom					
	Firm/ Company					
	2929 N. University Drive #19	05				
•	Address					
	Coral Springs, FL 33065					
•		City/ State and Zip Code	;			
		sed for future annual report	notification)			
For further information	concerning this matter, plea	se can:				
Lisa Grossman		at (954) 647-1190			
Name o	f Contact Person	Area Coo	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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation



The Center for Psychological Fitness, PA	2021 HAR 22 AM 10: 30	
(Name of Corporation as current	ly filed with the Florida Dept, of State)	
P11000018801	SECRETARY OF STATE	
(Document Number of	of Corporation (if known) The Entitle OSEC, I C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s	
A. If amending name, enter the new name of the corporation:		
The Center for Psychological Freedom, PA	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	2929 N. University Drive	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 105	
	Coral Springs, FL 33065	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2929 N University Drive	
	Suite 105	
	Coral Springs, FL 33065	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
<u>Name of New Registered Agent</u> N/A	5:	
<u>Name of New Registered Agent</u> N/A		

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PTD	Seth Grossman	2929 N. University Dr. #105
Add			Coral Springs, FL 33065
Remove			
2) X Change	VSD	Lisa Grossman	2929 N. Unikversity Dr. #105
Add			Coral Springs, FL 33065
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u></u>
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 amendmen	(s) adoption: N/A	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	3/17/2021	
	(no more than 90 days a	ier amendment file date)
	this block does not meet the applicable state. The Department of State's records.	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number ere sufficient for approval.	of votes cast for the amendment(s)
	re approved by the shareholders through vot d for each voting group entitled to vote sepa	
"The number of vote	cast for the amendment(s) was/were suffic	ent for approval
by <u>N/A</u>		<u> </u>
	(voting group)	
Dated <u>Marc</u> Signature	17/2021	
	y a director, president or other officer - if d	
	lected, by an incorporator – if in the hands oppointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
a	sponted fiduciary by that fiduciary)	
	Seth Grossman	
	(Typed or printed name of	person signing)
	President	
	(Title of person signing)	