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CUVER LETTER

TO: Amendment Section

Division of Corporations '	
NAME OF CORPORATION: Miami	Therapy of Florida Corp. 100053926
DOCUMENT NUMBER:	000053926
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Stephen	Love/
Nam	ne of Contact Person
Miami Ther	Any of Florida Conp. Firm/Company
3271 NW 70	Address # 20/
Miami, FL	State and Zip Code
•	LD 401. Com or future annual report notification)
For further information concerning this matter, ple	ease call:
Stephen Lovell	at (235) 994-7255
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

(Name of Corporation as curren		la Dept. of State)	
/// OUOU 5 (Document Numb	er of Corporation (if known	own)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	Slorida Profit Corp	oration adopts the following
A. If amending name, enter the new name of t	he corporation:		
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the d name must contain the word "chartered," "profe	lesignation "Corp," "In	c," or "Co". A pr	ofessional corporation
B. <u>Enter new principal office address, if applic</u> Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICI</u>	E BOX)		BIVISION OF CORPORT
D. If amending the registered agent and/or registered agent and/or the new register.		n Florida, enter th	e name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	address)	
	(City)	, Fl (Zip Coo	orida le)
New Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent:	· •	

11 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>PD</u>	Stephen M. Lovell	1 4527 CORONADO PAL CARE COREL, FL 39904	∠y ☐ Add _ ☑ Remove
<u>PD</u>	Favaris De Rayla Ramires PANEGU	= 327/ NW 74 54.3, e Midmi, FL 33/25	26/
			_
	g or adding additional Articles, entertional sheets, if necessary). (Be spec		
provisions	ndment provides for an exchange, reference for implementing the amendment if applicable, indicate N/A)		

i ne date of each amendments	s) adoption:
Effective date <u>if applicable</u> :	(date of adoption is required) 9-5-//
Effective date <u>if applicable</u> ;	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	9-2-11
Signature	director widow or other officers have not been
· •	a director, president or other officer — if directors or officers have not been sted, by an incorporator — if in the hands of a receiver, trustee, or other court
арро	inted fiduciary by that fiduciary)
	Stephen M. Lovell
	(Typed or printed name of person signing)
	20
	(Title of person signing)