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(Re	equestor's Name)	
(Ác	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nar	ne)
(De	ocument Number)	
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C GOLDEN

COVER LETTER

TO:	Amendment Section
	Division of Corporations

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	NAME OF CORPORATION:	Rivera,	PSYD, P.A.	
	DOCUMENT NUMBER:	Э		
	The enclosed Articles of Amendment and fe	e are subi	mitted for filing.	
	Please return all correspondence concerning	this matte	er to the following:	
	Alex A Khoja, CPA,	CGMA,	MAcc	
	- <u></u>		Name of Contact Person	1
	Alex A Khoja, CPA,	PA		
			Firm/ Company	<u></u>
	11820 Miramar Parl	kway, Si	uite 205	
			Address	
	Miramar, FL 33025			
			City/ State and Zip Cod	:
	akhoja@akhojacpa.com			
	E-mail address: (to be use	d for future annual report	notification)
	For further information concerning this matte			
	Alex A Khoja, CPA, CGMA, MAcc		at (
	Name of Contact Person		Area Co	de & Daytime Telephone Number
,	Enclosed is a check for the following amoun	t made pa	ayable to the Florida Depa	rtment of State:
	S35 Filing Fee S43.75 Filing Fee Certificate of S		□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Articles of Amendment to Articles of Incorporation of

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Jessica E. Rivera PSYD, P.A.

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FILED

2018 AUG 1 5 AM 10: 53

(<u>Name of Corporat</u>	ion as currently filed with the Florida Dept, of State CRETARY OF ST. TALLAHASSEE, F
P11000079929	IALLAHASSEE, F
(Docur	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florid ts Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t
A. If amending name, enter the new name of the co	erparation:
Whole $f k$ gain Neuropsychology Center , Inc	UN The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	"d="corporation,"="company," or "incorporated" or the abbreviation ," "Inc," or "Co". A professional corporation name must contain the
 Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u> 	
2. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u> /
. If amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
Non-During and Office (dames	
<u>May Registered Office Address</u> :	, Florida (City) (Zip Code)
iew Registered Agent's Signature, if changing Regi	, Florida, City: (City: (Zip Code) stered Agent: am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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 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:

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X Remove Y Mike Jones _X Add SV Sally Smith Type of Action (Check One) Title Name 1)Change	
Type of ActionTitleNameAddress(Check One)	
(Check One)	
1} Change	
	_
Add	_
Remove	_
2) Change	_
Add	
Remove	
3) Change	_
Add	_
Remove	_
4) Change	_
Add	_
Remove	_
51 Change	
Add	_
Remove	_
6) Change	
	-
Add	-

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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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:	
provisions for implementing the amendment h for contained in the amendment reser.	
(if not applicable, indicate N/A)	
(if not appreciate, marking the party)	
	-

•		08/10/2018		
	he date of each amendment(s) adoption:		, if other than
(13	ite this document was signed.	08/10/2018		
E	ffective date <u>if applicable</u> :			 _
		(no more t	han 90 days after amendment file date)	
	ote: If the date inserted in the ocument's effective date on the		applicable statutory filing requirements, this rds.	s date will not be listed as
A	doption of Amendment(s)	(<u>CHECK ONE</u>)	1	
	The amendment(s) was/were by the shareholders was/wer		. The number of votes east for the amendme	ent(s)
			rs through voting groups. <i>The following stat</i> <i>ed to vote separately on the amendment(s):</i>	'ement
	"The number of votes a	ast for the amendment(s) wa	is/were sufficient for approval	
	by	(voting group)	···	
		(voting group)		
	The amendment(s) was/were action was not required.	adopted by the board of dire	ectors without shareholder action and shareh	older
	The amendment(s) was/were action was not required.	adopted by the incorporator.	s without shareholder action and shareholder	
	Dated	8-10-18	ATT.	
	Signature	-AU	0	
	(By		r officer - if directors or officers have not be	
	selu	cted, by an incorporator – if ointed fiduciary by that fidu	in the hands of a receiver, trustee, or other c	court
	ab1.		0	
		Jes	sica Rivera	
		(Typed or pri	inted name of person signing)	
		1440	sident	