(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
Cit	ty/State/Zip/Phone	. #1
(Cil	ly/State/Zip/Filone	; #)
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Contined Copies		
Special Instructions to	Filing Officer	
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: <u>PIVEYSIDE WELLNESS CENTER ANC</u> DOCUMENT NUMBER: <u>PIIOOOD80330</u>
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lissette Prats
Riversia Wellness Center one
7911 NW 72 ave = 114
Address 6
Medley & 33160  City/ State and Zip Code
. I A
$\mathcal{N}(\mathcal{T})$
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ussette Prats at 780, 452 8351
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

Rivers	ide Wellne	ss Cont	1	<i>M</i> C	13 9CT -
(Name of Corporation as	currently filed with the Flo	orida Dept. of Stat	<u>te</u> )		13 OCT
PIL 0000 BD330					
(Documen	t Number of Corporation (if	known)			<u></u>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corp	<i>oration</i> ado	pts the following	g amendime
A. If amending name, enter the new na	me of the corporation:				45
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate.  B. Enter new principal office address, in (Principal office address MUST BE A ST	ation "Corp," "Inc," or "C ion," or the abbreviation "P If applicable:	o". A profession	"incorporal	ated" or the al	_The new bbreviation contain the
C. Enter new mailing address, if application (Mailing address MAY BE A POST C					
D. If amending the registered agent and new registered agent and/or the new		ess in Florida, ente	r the name	of the	
Name of New Registered Agent	1911 NW7	ts I ave	F114		
New Registered Office Address:	(Florida stree M(UMI) (City)	et address)	, Florida	33146 (Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		ith and accept the c	bligations e	of the position.	
Sia	nature of New Registered Ag	ent 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.

Mike Jones, V as Remov Example:	e, and Sai	ly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	UP_	Prats lissette:	7911 NW 72 ave
Add		,	Suite 114 MIGMI' R 33164
Remove			1114M1 /C 3310C
2) Change	<del></del>		
Add			
Remove			
3) Change		_	
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Remove			
4) Change			
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5) Change	<u> </u>		
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6) Change	_		
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			1	or cancellation of	issued shares	
an amend rovisions (if not e	Iment provide for implemen applicable, ind	es for an exchang nting the amendm dicate N/A)	e, reciassification, tent if not containe	d in the amendme	ent itself:	
an amend rovisions (if not d	iment provide for implemen applicable, ind	es for an exchang nting the amendn dicate N/A)	e, reclassification, tent if not containe	d in the amendme	ent itself:	
an amend rovisions (if not	dment provide for implemen applicable, ind	es for an exchang nting the amendn dicate N/A)	e, reclassification,	d in the amendme	ent itself:	
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an amend provisions (if not	dment provide for implemen applicable, inc	es for an exchang nting the amendn dicate N/A)	e, reclassification,	d in the amendme	ent itself:	

The date of each amendment(s) adoption: 9/27/13	, if other than the
date this document was signed.	
Effective date if applicable: 9/97/13	<u> </u>
(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	
Signature X X	
(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)	
Lissette Prats	
(Typed or printed name of person signing)	
Ule president	
(Title of person signing)	