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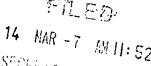
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: SOUTH FLORIDA ADHD CENTER, WO
DOCUMENT NUMBER: P12 0000 85236
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARISELA JAQUEZ - GUTIERREZ Name of Contact Person
SOUTH FLORIDA ADIXD CENTER Firm/Company
8181 NW 36TH St Scute 1906 Address
DORAL FL 33/66 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARISERA JAROSZ - GUTTERREZat (786) S06-5401 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 Certified Copy (Additional Copy is enclosed) 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



	Articles of Incorporation of	$m_{ij} = i$	⁴ 11: 52
		SEC12.	1134
SOUTH FLORID		NIERCHILLING	- Hollo - Ho llo
(Name of Corporation as curry	ently filed with the Florida Dept	of State)	-УКИД
PIZO	00085236		
	nber of Corporation (if known)		
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this Florida Pro	fit Corporation adopts the follow	ving amendment(s)
. If amending name, enter the new name of	f the corporation:		
			The second
ame must be distinguishable and contain to	ha word "cornoration " "compo	my " or "incorporated" or the	The new
'Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A pro		
B. Enter new principal office address, if app			
Principal office address <u>MUST BE A STREE</u>	TADDRESS)		
		 	
C. Enter new mailing address, if applicable	:		
(Mailing address MAY BE A POST OFFI			
			
			
). If amending the registered agent and/or i	registered office address in Flori	ida, enter the name of the	
new registered agent and/or the new regi	stered office address:		
Name of New Registered Agent			
	(Florida street address)	 	
	(* *** *** *** *** *** ****		
New Registered Office Address:	(City)	, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi	ng Registered Agent:		
hereby accept the appointment as registered a		ept the obligations of the positio	n.
-			
Signatus	re of New Registered Agent, if cha		
Signatu	a of the transfer on transition of the		

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: X Change	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				***************************************
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		.		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
r				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
TO THE ORIGINAL STAMENT WE ARE ADOM
THE FOLLOWING A MENDMENT:
THE TREATMENT WILL INCCUDE
TRADITIONAL AND NON TRADITIONAL
MODALITIES LIKE LIFESTYLE
CHANGES IN THE AREA OF NUTRITION,
RELATIONSHIP EMOTIONS AND SPIRITUALITY.
EDUCATIONAL READING MATERIAL AND
SUPPLEMENTS WILLBE OFFERED AND SOLD
AT PATIENT'S RETWEST
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)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file do	ue)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the aby the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action an action was not required.	d shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	reholder
Dated 2 - 2 7 - 14	
Dated 2-27-14 Signature M Pulse Col. (By a director, president or other officer – if directors or officers ha	
(By a director, president or other officer – if directors or officers ha	ve not been
selected, by an incorporator - if in the hands of a receiver, trustee, or	or other court
appointed fiduciary by that fiduciary)	
MARISEZA JAQUEZ-G (Typed or printed name of person signing	UTTERLEZ
(Typed or printed name of person signing)
PRESIDENT	
(Title of person signing)	