P12000100000

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Amend 10 2/20/13

COVER LETTER

TO: Amendment Section
Division of Corporations

TREATMENT SPECIALISTS FOR YOU, INC. NAME OF CORPORATION: DOCUMENT NUMBER: P12000100006 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN CHAROS Name of Contact Person TREATMENT SPECIALISTS FOR YOU, INC. Firm/ Company 265 SOUTH FEDERAL HWY, SUITE 293 Address DEERFIELD BEACH, FL 33441 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 966-2929

Area Code & Daytime Telephone Number JCHAROS@AOL.COM Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



TREATMENT SPECIALISTS	FOR YOU, IN	1C.		2 5/13/40
(Name of Corporation as current	ly filed with the Flor	ida Dept. of State)	,	9. Op
P12000100006				
(Document Numbe	er of Corporation (if ki	nown)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Fla	rida Profit Corporation a	dopts the following amer	ndment(s) to
A. If amending name, enter the new name of th	e corporation:			
			The	new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional corpor	orated" or the abbrevi	ation
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)			
D. If amending the registered agent and/or reginew registered agent and/or the new registered Name of New Registered Agent	istered office address red office address:	in Florida, enter the na	me of the	
	(Florida street	address)	-	
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	(City)		(ZIP Coue)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I 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 <math>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.

Frample:

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>VP</u>	NEIL WASSERMAN	11789 SUNCHASE CT
Add			BOCA RATON, FL 33498
X Remove			US
2) Change	S	MICHAEL O. MIRRA	6662 VILLA SONRISA DR, #311
Add			BOCA RATON, FL 33433
X Remove			US
3) Change	<u>, </u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	· · · · · · ·		
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s)	adoption: January 2,2012
Effective date if applicable:	• • • • • • • • • • • • • • • • • • • •
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voling group)
	(voting group)
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder
_{Dated} JANU	ARY 2, 2012
Signature 🗶	Clh
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	JOHN CHAROS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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