P13000013695

(Requestor's Name)				
(Address)				
(Address)				
(City/	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: AT Therapy Center, Inc. DOCUMENT NUMBER: P13000013695				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
AJ Therapy Certer Inc.				
6109 Memorial Hwy. Ste. 6				
Address				
Tanga FL 33615 City/State and Zip Code				
City/ State and Zip Code				
Pikaralex & hotmail. Com E-mail address: (To be used for future annual report notification)				
For further information concerning this matter, please call:				
Alex Merendoz Name of Contact Person at (813) 545-7259 Area Code & Daytime Telephone Number				
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:				
S35 Filing Fee Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				

Mailing Address

TO: Amendment Section

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 h

AJTher	any Canter, Inc.	
(Name of Corporation as currently t	filed with the Florida Dept. of State)	
P13000013	1095	
(Document Number of C		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation: A. If amending name, enter the new name of the corporation:	orida Profit Corporation adopts the following amendment(s) to	
	71.	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6107 Memorial Huy	
	Suite &	
	tampa, FL 33615	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6109 Memorial Hwy	
	Suite G	
	Tampa, FL 33615-1	
D. If amending the registered agent and/or registered office addres	win Florida, entar the name of the	
new registered agent and/or the new registered office address:	Sin Florida, enter the hame of the	
Name of New Registered Agent	SAMI	
(Florida street	and the second	
	uuuress)	
New Registered Office Address: (C	; Florida; Florida; Florida	
	(4)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit.	h and accept the obligations of the position	
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Cinc. a	internal Count if theresian	

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	<u>РТ</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>V</u>	Victor A. Silva	6109 Memorial Huy.
Add Remove			Suite 5 Tampa, FL 33615
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change			
Add			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Not awarding.

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)
NA

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The fol 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 10/18/2018	
Signature	
(By a director, president or other officer – if directors or officers	
selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	e, or other court
Ramon Jinevez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	