P13000021649

(Address)			

Office Use Only



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BIVISION OF CORPORATION

C. LEWIS

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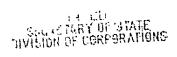
EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations** .

NAME OF CORPORATION: G Therapy	Center, Inc.	
DOCUMENT NUMBER: P1300002164		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Sergio A. Gil		
	Name of Contact Person	n
G Therapy Cente	r, Inc.	
	Firm/ Company	
2460 S.W. 137th	Ave. #243	
	Address	
Miami, FI 33175		
	City/ State and Zip Cod	e
	1.0.0	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
Sergio A. Gil	at (305	, 873-4943
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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



14 AUG 25 PM 1:50

(Name of Corporation as	currently filed with the Florida		
G Therapy Center, Inc.	P1300	00021649	
(Documer	t Number of Corporation (if know		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	da Profit Corporation adopts the following	amendment(s)
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and con: "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co".	company," or "incorporated" or the abl A professional corporation name must co	breviation ontain the
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
C. Fatanan - 28 44 16 - 18	_		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of			
	_		
D. If amending the registered agent an new registered agent and/or the new		Florida, enter the name of the	
Name of New Registered Agent	Sergio A. Gil		
Hume of New Negistered Agent	2460 S.W. 137th A	ve #243	
	(Florida street add		
New Registered Office Address:	Miami	, Florida 33175	
	(City)	(Zip Code)	
New Registered Agent's Signature, if cl			
I hereby accept the appointment as regist	ered agent. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nd accept the obligations of the position.	
	The state of the s		
Sig	gnature 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	PD	Osvaldo Garcia	2460 SW 137th Ave #243	
Add			Miami, FI 33175	
Remove				
2) Change	PD	Sergio A. Gil	2460 SW 137th Ave #243	
Add			Miami, FI 33175	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add			<u></u>	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach addition	r adding additional Art nal sheets, if necessary).	(Be specific)	(S) HETE:		
		<u></u>			
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If an amandm	ent provides for an exc	hanga raalaasifiaa	ion or consollati	on of issued shapes	
provisions for	<u>r implementing the ame</u>	endment if not cont	ained in the ame	ndment itself:	1
(if not ap	plicable, indicate N/A)				
					-
		<u> </u>			
			- 		
					
				•	

The date of each amendment(s) adoption: August 22	, 2014 SOLE TARY OF STATE	ye , if other than the
date this document was signed.	MAISTON AS COME SWALLS	
Effective date if applicable:	14 AUG 25 PM 1:50	<u> </u>
(no more	than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONI	D	
The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the amendmen	t(s)
The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entities.	ers through voting groups. The following staten tled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) v	vas/were sufficient for approval	
by	27	
by(voting group)		
The amendment(s) was/were adopted by the board of di action was not required.		der
The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and shareholder	
Dated August 22, 2014	<u> </u>	
Signature		
•	er officer – if directors or officers have not been if in the hands of a receiver, trustee, or other co- uciary)	
Sergio A. Gil		
(Тур	ed or printed name of person signing)	
President/Directo) r	
	(Title of person signing)	

Dogo 4 of 4