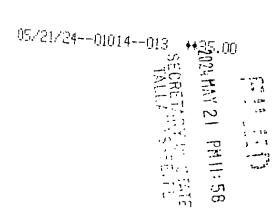
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: BRITTANY M G	ONICK MA CCC SLP INC	ÖRPORATED		
DOCUMENT N	NUMBER: P14000016616				
The enclosed Ar	ticles of Amendment and fee are s	ubmitted for filing.			
Please return all	correspondence concerning this ma	atter to the following:			
	BRITTANY M GREENBEI	₹G			
	Name of Contact Person				
	Firm/ Company				
	8941 SANDY CREST LAN	E			
		Address			
	BOYNTON BEACH, FL 33	473			
		City/ State and Zip Code			
	BGONICK01@GMAIL.CO	М			
	E-mail address: (to be u	sed for future annual report	notification)		
For further infor	mation concerning this matter, plea	ase call:			
BRITTANY M	GREENBERG	at (954	263-8493		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a ch	eck for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing F	Fee \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{	☐\$43.75 Filing Fee & Certified Copy	☐\$52.50 Filing Fee Certificate of Status		
		(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)		

Articles of Amendment to Articles of Incorporation of

BRITTANY M GONICK MA CCC SLP INCORPORATED

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P14000016616	
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
SANDCASTLE SPEECH THERAPY INC	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address rew registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.
Signature of New Re	egistered Agent, if changing
Check if applicable	

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)

Example:

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.

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>	Name	Address
1) Change	VP	MICHAEL GREENBERG	8941 SANDY CREST LANE
X Add			BOYNTON BEACH, FL 33473
Remove			
2) Change			
Add			
Remove 3) Change			2024 UA (
Add			<u> </u>
Remove			W. J.
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u></u>	
Add			
Remove			

	
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an amendment provides for an exchange, reclassification, or cancellation of issue	<u>self:</u>
rovisions for implementing the amendment if not contained in the amendment it	
an amendment provides for an exchange, reclassification, or cancellation of issue rovisions for implementing the amendment if not contained in the amendment it (if not applicable, indicate N/A)	
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rovisions for implementing the amendment if not contained in the amendment it	2024 HAY SECKETA

The date of each amendment(s) adoption: 1/1/2024	_, if other than the
date this document was signed.	
Effective date if applicable: 1/1/2024	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
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)	
(voting group)	
Signature (By a director president or other officer) if directors or officers have not been scleeted, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
DDITEARY ACCIDENCE TO S	3
BRITIANY M GREENBERG (Typed or printed name of person signing)	27 43
(Typed of printed name of person signing)	<
PRESIDENT	
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