

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Nam	e)
(De	ocument Number)	····
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JAN 31 2017 R. WHITE

COVER LETTER

TO: Amendment Section

- Division of Corp	orations		•
NAME OF CORPOR	RATION: EXCELLA	ent Thera	py services corp
The enclosed Articles	of Amendment and fee are so	ubmitted for filing.	•
Please return all corre	spondence concerning this ma	atter to the following:	•
	Dan	Name of Contact Person	â
	Excellen		y scrvices cosp
	12340	0 SW 132	2 cr
	Mi		3180
		City/ State and Zip Cod	le ·
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	•
Daniel	a Vera	au 305	, 969 0229
	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address ndment Section		Address Iment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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The Late to Carry Sur.

Articles of Amendment

to

Articles of Incorporation's of

Excellent Therain	survices wip -
(Name of Corporation as currently filed with the F	lorida Dept. of State)
f 14000 <i>0370</i> 0	00.
(Document Number of Corporation (i	i known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Brio. Inc	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	'Ca". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	12340 sw 1324
(Principal office address MUST BE A STREET ADDRESS)	12340 sw 1324 MIAMI R 33186
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12340 SW 1324
(MIAMI (2 33196
	7 37:
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent Daniela	Vova:
12340 CI) 137 /
(Florida stra	eet address)
New Registered Office Address: MiAMi	Florida 3318Co
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I/am familiar w	with and accept the obligations of the position.
× ()	
Signature of New Registered A	Igent. if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 Joh	n Doe		,	_
X Remove	<u>V</u> <u>Mil</u>	ke Jones			-
_ <u>X</u> Add	<u>SV</u> <u>Sall</u>	v Smith			,
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
() Change	P	Vera Dar	Mela	12338 MANI	SW 1324 PL 33186
Add					ť
2) Change	1_	Vera, Dar	riela	12340. MIAMI	SW 1324 PL 33184
Remove 3) Change	······				,
Add Remove		,	·	,	
4) Change			· ·		
Remove					
5) Change					
· Add					
Remove		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
6) Change	<u></u>				
Add					·····
Remove					

(Attach additional sheets, if necessary).	(Be specific)	
	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·
	1	
•		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shar	es.
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(ly not applicable, malcule to A)		
	,	

The date of each amendment(s) adoption: Ot [13][10] date this document was signed.	_, if other than the
Effective date if applicable: 01 23 2017 (no more than 90 days after amendment file date)	-
Adoption of Amendment(s) (CHECK ONE)	
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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By a director) president or other officer – if directors or officers have not been	-
selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	-
n rest of person signing)	
(Title of person signing)	-