## P14000050762

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	<i>⊋ #</i> )	
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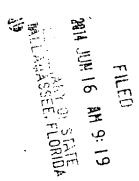
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	SOLE 2 S BER: P14000050	OUL THERA	PY INC.	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this mat	tter to the following:		
	MICHAEL TAY	'LOR		
		Name of Contact Person	1	
	17334 NW 62	Firm/ Company		
		Address		
	HIALEAH, FL 3			
		City/ State and Zip Cod	e	
M <sup>-</sup>	TAYLORPHD@	AOL.COM		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please call:				
MICHAEL	TAYLOR	at (305	, 984-4174	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Di P.C	ailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

FILED

2014 JUN 16 AM 9: 19

	PYINC.	<b>温性 30.1</b>	TATE
(Name of Corporation as cur	rently filed with the Florida	Dept. of State)	E, FLORIDA
14000050762			<u></u>
(Document No	umber of Corporation (if know	n) 19	
arsuant to the provisions of section 607.1006 Articles of Incorporation:	5, Florida Statutes, this <i>Florida</i>	a Profit Corporation adopts	the following amendmen
. If amending name, enter the new name	of the corporation:		
			The new
ame must be distinguishable and contain Corp.," "Inc.," or Co.," or the designatio ord "chartered," "professional association.	n "Corp," "Inc," or "Co".		
Enter new principal office address, if ap			
Principal office address <u>MUST BE A STRE</u>	<u>ET ADDRESS</u> )		
. Enter new mailing address, if applicab			
(Mailing address <u>MAY BE A POST OF</u>	<u>'ICE BOX</u> )		
	_		
. If amending the registered agent and/or new registered agent and/or the new re		Florida, enter the name of	<u>the</u>
new registered agent and/or the new re	gistered office address.		
Name of New Registered Agent			
Name of New Registered Agent			
Name of New Registered Agent	(Floridu street addı	ress)	
Name of New Registered Agent  New Registered Office Address:	(Florida street addi	. Florida	Zip Code)

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 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 Doc	
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>	Address .
1) Change	P	MICHAEL TAYLOR	12470 SW 202 TERRACE
Add			MIAMI, FL 33015
Remove			
2) Change	Р	ANDRE JOHNSON	12470 SW 202 TERRACE
Add			MIAMI, FL 33177
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) L Change	*****	_	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	
7 - Triffer	
<del>.</del>	
, <u>, , , , , , , , , , , , , , , , , , </u>	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
****	

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)	
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 east 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 06/13/2014	
Signature Muh cul King	
(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)	
MICHAEL TAYLOR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	