## P140000 73044

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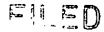
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: THE MOVEMENT THERAPY INSTITUTE
DOCUMENT NUMBER: 140000 73044
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARACELLY LATINO-FEIZ  Name of Contact Person  The Movement Therapy Institute  Firm/ Company  103(08 W. St. Rd. 84 Suite 104  Address  Davie FL  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Aracelly Latino-Feliz at 305 188 95 32 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:
\$35 Filing Fee Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



THE MOVEMENT THERAPY INSTITUTE INC. 2019 HAY - 3 PM (Name of Corporation as currently filed with the Florida Dept. of State) P14000073044 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 10368 M STATE RD 84 SUITE 104 B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) DAVIE TL 33324 C. Enter new mailing address, if applicable: 4212 N. DIXIE HWY UNIT-33 (Mailing address MAY BE A POST OFFICE BOX) Dakland Park, A 33334 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Citv) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 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		LUIS R. FELIZ	4212 HDIXIE HWY #33			
X Add			OAKLAND DARK, FL 3333			
Remove						
2) Change						
Add						
Remove			<del></del>			
3 ) Change			<del></del>			
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

E. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	cles, enter chans (Be specific)	<u>e(s) here</u> :
•	SHARES	60%
LUIS P FELIZ	SHARES	40%
	_	
F. If an amendment provides for an exch	ange, reclassifica	ition, or cancellation of issued shares
provisions for implementing the amer	ndment if not cor	stained in the amendment itself:
(if not applicable, indicate N/A)		
<del></del>		<del></del>
	·	
	-	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	e 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 cast for the amendment(s) by the shareholders was/were sufficient for approval.	ı
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemer must be separately provided for each voting group entitled to vote separately on the amendment(s):	પ
"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 30 APT 2019	
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)	
Aracelly Latino Feliz	
(Typed or printed name of person signing)	
president	
(Title of person signing)	