P15000014348

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MG Therap	y Center PA	•				
DOCUMENT NUMBER: P1500001634	8					
The enclosed Articles of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this mat	tter to the following:					
Gabriela Kaufmai	n .					
	Name of Contact Perso	n				
MG Therapy Cen	MG Therapy Center PA					
	Firm/ Company					
17971 Biscayne E	Blvd Suite 203					
	Address					
Aventura, FL 331	Aventura, FL 33160					
	City/ State and Zip Cod	e				
gabykaufman@hotm	ail.com					
	sed for future annual report	notification)				
•						
For further information concerning this matter, pleas	se call:					
Gabriela Kaufman	, 285-1746					
Name of Contact Person	Area Code & 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	Ameno Divisio Cliftor 2661 E	Address Ilment Section on of Corporations Building Executive Center Circle assee, FL 32301				

Articles of Amendment to Articles of Incorporation

to

of .		
MG Therapy Center PA		
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
P15000016348		
(Document Number of Corporation (if)	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation a	dopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
MG Psychotherapy Center, P.A.		=The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corpor	orated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	25 5
(Principal office address MUST BE A STREET ADDRESS)		
		M 9: 43
		養屋 む
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the nar	ne of the
Name of New Registered Agent N/A		· -
. (Florida stree	t addrayy)	-
NI/A	i uauress)	
New Registered Office Address: N/A (City)	, Florida	(Zip Code)
lony		(Zip Code)
	•	

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 <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		N/A	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	· .
Add		÷	
Remove			
6) Change		N/A	
Add	,		
Remove			

	sheets, if necessary).	(De specific)				
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ii an amenameni	t provides for an exc mplementing the ame	nange, reciassin	eation, or can	e amendmet	stitealf	
(if not applie	cable, indicate N/A)	endinent it not c	ontained in ti	ic amenumei	ii itsett.	
	cable, malcule (1771)					
/A	•					
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	•					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 4/13/15	
(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)	
(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 4/13/15	
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)	
Gabriela Kaufman	
(Typed or printed name of person signing)	
President	
(Title of person signing)	