P15 0000 39583

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: OCCUPS Breeze Chirppractic	
DOCUMENT NUMBER: <u>P150000 39583</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tay Alvayez Name of Contact Person Ceans Breeze Chirchachic Of NN Firm/ Company 10 11 Tues Dairy Rd # 107 Address Miami Fl. 33179 City/ State and Zip Code Melissa @ Ceanschiro Com E-mail address: (to be used for future annual report notification)	 1B.
For further information concerning this matter, please call:	
Tony Alvarez at (305) 308-91691 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	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of
Oceans Breeze Chircopactic of North Braward inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P150000395 6 3
(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:	
	Ctic Or NMB inc The new
name must be distinguishable and contain the word "corporation." "co" lnc.," 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 <u>MUST BE A STREET ADDRESS</u>)	1011 Tues Dairy Rd #107 Miami Fl 33179
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10 11 Tres Dairy Rd #105 Miami Fl 33179
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	
(Florida stre	et address)
New Registered Office 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	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Mike Jones \underline{X} Add <u>SV</u> Sally Smith Address Type of Action Title Name (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change ____ Add _ Remove 3) ____ Change ____ Add __ Remove 4) ____ Change Add ____ Remove 5) Change ____ Add Remove 6) ____ Change Add _ Remove

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	λς Λς 8 9
(if not applicable, indicate N/A)	SEE SEE
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1999 A. A. C. Janes and Assessment and Assessment	, if other than th
The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable: July 20, 2000 (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.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ 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 statemen 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	ה ש
Dated 7-22-2020 Signature 4426	1 8: 16 16
(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)	
(Title of person signing)	