P110000025589

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e ⁻ #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				

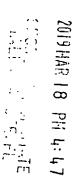
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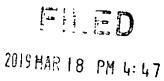
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RIGTH WORDS	THERAPHY INC		
DOCUMENT NUMB				
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	itter to the following:		
1	DIANERYS ALVAREZ			
-		Name of Contact Person	1	
		Firm/ Company		
: 	5200 NW 190TH ST			
		Address		
<u> </u>	OPA LOCKA, FL 33055			
		City/ State and Zip Cod	e	
DIAN	ERYSALVAREZ2013@GN	IAIL.COM		
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se caft:		
DIANERYS ALVARE		at (de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Cliffon Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



RIGTH WORDS THERAPHY INC

(Name of Corporation as c	currently filed with the Florida Dept. of State)
P16000025589	J. 14.5
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
RIGTH WORDS THERAPY INC	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
Name of New Registered Agent	
(FI)	lorida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	(City) (Zip Code) d Agent: amiliar with and accept the obligations of the position
Signature o	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	<u>e</u>		
X Remove	<u>V</u>	Mike Jor	<u>nes</u>		
<u>X</u> Add	<u>8V</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change					
Add					
Remove					
2) Change					
Add		_			
Remove					
3.) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
51 Change					
		_			
Add Remove					
- Kennye					
6) Change		_			
Add					
Romovo					

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)	
(Mach adamond sheets, y necessary).	the specificy	
		_
· · · · · · · · · · · · · · · · · · ·		
If an amendment provides for an each	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	nement if not continued in the anterophical taxin	
ty ma upparetime, marcule 1971)		
·		
		-

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	^o meni
"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.	ider
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
02/22/2019	
DatedSignature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	ourt
DIANERYS ALVAREZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	