P160000 30071

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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Amend

SEP 1 6 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: B.F.D. THERAPY SERVICES INC
$\Omega M M M M M M M M M M M M M M M M M M M$
DOCUMENT NUMBER.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HARIA BELKYS NODARSE Name of Contact Person
Firm/ Company
0449 NW 189TH ST RD
8449 NW 189TH ST RD Address
Hialeah, FL 33015 City/ State and Zip Code
City/ State and Zip Code
Belkysnocanse @gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria Belkus NODARSE at (786) 474 - 0937. Name of Contact Person Area Code & Daytime Telephone Number
Titality of Comments
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) □ \$43.75 Filing Fee & Certificate of Status 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2020

MARIA BELKYS NADARSE 8449 NW 189TH ST RD HIALEAH, FL 33015

SUBJECT: B.F.D. THERAPY SERVICES INC.

Ref. Number: P16000030071

We have received your document for B.F.D. THERAPY SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please verify whether or not you intend on changing the corporate name, if not remove the name in part(a) which is for the new name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 220A00016108

Articles of Amendment to Articles of Incorporation of

B.F.D THERAPY SEI	NVICES :	INC	
(Name of Corporation as current	ently filed with t	he Florida Dept. of State)
P160000			
(Document Number	er of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his <i>Florida Profi</i>	t Corporation adopts the fi	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>.</u>		
			The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P	– A professiona	"incorporated" or the abb I corporation name must	reviation "Corp.," contain the word
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 MAY BE A POST OFFICE BOX)			202
practice and the second			(2)
	* 		ئ
			
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address.	<u>ddress in Florid</u> 'ess:	a, enter the name of the	PH12: 3 ²
			ယ <u>ို့</u>
Name of New Registered Agent	-	<u> </u>	
(Florida	a street address)		
D. D. C. J. Office, Address.		, Florida	
New Registered Office Address:	(City)	,	(Zip Code)
and the second Age	ant.		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familio	ent: ar with and accep	pt the obligations of the po	sition.
Signature of New	w Registered Age	nt, 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)

Example:

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.

X Change	<u>P1</u>	John Doe	
X Remove	Y	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	VP	FRANCISCO AWAREZ	8449 NW 189TH
X Add			STREET RD
Remove			Hialeah. FL 33015
2) Change			
Add			
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	.
	
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	
<u> </u>	

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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date and document was signed.	l-> lawar	
Effective date <u>if applicable</u> :	07/10/2020	·
	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirer Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sha	rcholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	oproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amend	owing statement ment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
-	(voting group)	
DatedΔ7	106/2020	
Signature	John.	
selecte	firector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, a ted fiduciary by that fiduciary)	ve not been or other court
	Maria BELKYS NODARSE	
	(Typed or printed name of person signing)	
	PRESIDENT	