P16000059143

Office Use Only



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R. WHITE FEB 11 2020

COVER LETTER

TO: Amendment Section Division of Corporations

A BRIGHTI NAME OF CORPORATION: P16000059143	ER FUTURE SPEECH THERAPY CORP
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
DANIEL CIFUENTES	S
A BRIGHTER FUTUI	Name of Contact Person RE SPEECH THERAPY CORP
-	Firm/ Company
1501 NW 29 STREET	• •
MIAMI, FL 33142	Address
	City/ State and Zip Code
DC@ABFTHERAPY.COM	
F-mail address: (t	to be used for future annual report notification)
15 man madress. (c	to be used for racine difficult report from sentency
For further information concerning this matte	er, please call:
DANIEL CIFUENTES	305 812-7002 at ()
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:
S35 Filing Fee S43.75 Filing F Certificate of St	
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

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as current	ly filed with the Florida Dept. of State)
	of Corporation (if known)
(Document Number C	of Corporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	1501 NW 29 STREET
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33142
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1501 NW 29 STREET
	MIAMI, FL 33142
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>s:</u>
Name of New Registered Agent	
an it	
(Florida si	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen	, Florida
I hereby accept the appointment as registered agent. I am familiar	
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)

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	<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	V	DANIELA, CIFUENTES	1501 NW 29 STREET
X Add			MIAMI, FL 33142
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(ij not applicable, inalcale N/A)	

) adoption:	, if other than the
date this document was signed.	01/08/2020	
Effective date <u>if applicable</u> : _	17/06/2020	
Effective date in application.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The followin for each voting group entitled to vote separately on the amendment	ng statement u(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) is/are being	ng filed pursuant to s. 607.0120 (11) (e), F.S.	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	older action and shareholder
01/08/2 Dated Signature	020 Capril	
(By	a director, president or other officer – if directors or officers have ected, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	
	CLARA M. ALMARALL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	