## P1700015265

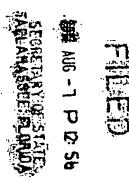
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T. LEMIEUM



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Mindful Connection	ons Therapy, Corp.			
DOCUMENT NUMI	BER: P17000015265				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Gisselle Villanueva				
		Name of Contact Person	n		
	Mindful Connections Therapy, Corp.				
	·	Firm/ Company			
	8901 SW 129 STREET	r in Company			
		Address			
	MIAMI FL 33176				
		City/ State and Zip Cod	e		
OTG	ISSELLE@GMAIL.COM				
	<del>-</del>	sed for future annual report	notification)		
For further information	n concerning this matter, pleas		246-4987		
Name (	of Contact Person	Area Co	) 246-4987 de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 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 Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301		

## Articles of Amendment to Articles of Incorporation of

Mindful Connections Therapy, Corp.				
(Name	of Corporation as currently	filed with the Florida Dept	. of State)	
P17000015265				
	(Document Number of C	Corporation (if known)	•	-
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation ad	lopts the fol	llowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation: "Corp," "Inc," or "C	o". A professional corpora		the abbreviation
B. Enter new principal office address,	if annlicable:	10515 SW 154 CT UNIT 5	j	
(Principal office address MUST BE A S		MIAMI FL 33196		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10515 SW 154 CT UNIT 5	<del>, , , , , , , , , , , , , , , , , , , </del>	
·	<del></del>	MIAMI FL 33196		
		·		
D. If amending the registered agent ar		ss in Florida, enter the nam	ie of the	
new registered agent and/or the new				
Name of New Registered Agent	N/A			
	10515 SW 154 CT UNIT 5			
	(Florida stree	et address)		
New Registered Office Address:	MIAMI		. Florida <sup>33</sup>	196
		City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		th and accept the obligation	s of the nes	ition
The contract of the approximent as regard	erea agem. Tam jammar m	m una accept the omigation.	ine posi	•
AIM			₽X	= 1
<del></del>	Signature of New Re	gistered Agent, if changing		C7 477
			<b>***</b>	
				<b>市</b> 多號

## 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	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	Janet J Felder	624 SE 34 AVENUE
Add			HOMESTEAD FL 33033
X Remove			
2) Change	VP	Omar Villanueva	10515 SW 154 CT UNIT 5
X Add			MIAMI FI. 33196
Remove			
3 ) Change			
Add			
Remove			
4) (hange			
Add		<del></del>	7-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additiona	dding additional Articles, enter change(s) here:  I sheets, if necessary). (Be specific)
N/A	
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
	· •
<ol> <li>If an amendmen provisions for i</li> </ol>	t provides for an exchange, reclassification, or cancellation of issued shares, mplementing the amendment if not contained in the amendment itself:
(if not appli	cable, indicate N/A)
Removal of Janet J I	felder as VP results in cancellation of 10% of issued shares.
	<del> </del>

The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	fill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
08/03	/2017	
Dated Signature (	Kinule Villare	<u></u>
	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	popointed fiduciary by that fiduciary)	
	Gisselle Villanueva	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>