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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: OMEGA MIND A	CADEMY THERAPY FO	R AUTISM INC			
DOCUMENT NUME	P17000033412					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	JOSE M GIRO SANTOS					
		Name of Contact Person	1			
	JOSE M GIRO SANTOS PA					
		Firm/ Company	<u> </u>			
	10700 CARIBBEAN BLD	SUITE 104				
		Address				
	CUTLER BAY FLORIDA 33189					
		City/ State and Zip Cod	e			
IOSE	MGIROSANTOS@GMAIL.0	COM				
	<del>-</del>	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call: at (	592-2820			
Name o	of Contact Person	at ( Area Co	de & Daytime Telephone Number			
	r the following amount made p		•			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 chassee, F1, 32314	Amene Divisio Clifton 2661 F	Address Iment Section on of Corporations Building executive Center Circle tassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

10

(Name of Corporation a	currently filed with the Florida Dept. of State)
OMEGA MIND ACADEMY THERAPY FOR AUTISM	P170000 33412
(Document	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statis Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	ution:
OMEGA MIND THERAPY 4 AUTISMS 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:	N/A
(Principal office address MUST BE A STREET ADDRE.	
C. Enter new mailing address, if applicable:	N/A THE D
(Mailing address <u>MAY BE A POST OFFICE BOX)</u>	
	रंगुं छु
	•
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
N/A	
Name of New Registered Agent	
· · · · · ·	lorida street address)
N/A	·
New Registered Office Address:	(City) , Florida (Zip Code)
	1. V. V.
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I an	amiliar with and accept the obligations of the position.
Sionatur	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	PT	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jos	<u>108</u>		
X Add	<u>sv</u>	Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	N/A	_	N/A	<u>.</u>	N/A
Add					
Remove					
2) Change		_			
Add					
Remove					
3 ) Change		_			
Add					
Remove					
4) Change		_			
Add					·
Remove					
5/ Change		_			
Add					
Remove					
6) Change		. <del>.</del>			
Add					
Remove					

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)	<del></del>
NOTHING TO REPORT		
-		
<del></del>		
	<del>-</del>	
	_	
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<del></del>	<b>-</b>	
		<del></del>
·		
F. If an amendment provides for an exch	ange, reclassific	cation, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	nament 11 not ci	ntained in the amendment user.
NOSTHING TO REPORT		
	<u></u>	

The date of each amendment(s	N/A adoption:	if other than the
date this document was signed.		. , , , , , , , , , , , , , , , , , , ,
Effective date <u>if applicable</u> : _		
	(no more than 90 days after	amendment file date)
Note: If the date inserted in the document's effective date on the		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of sufficient for approval.	votes east for the amendment(s)
	approved by the shareholders through voting for each voting group entitled to vote separat	
"The number of votes of	ast for the amendment(s) was/were sufficient	or approval
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were action was not required.	adopted by the board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without sharehold	der action and shareholder
Dated * * Signature * * * * * * * * * * * * * * * * * * *	March 2/2018	
(By sele	a director president or other officer – if directed, by an incorporator – if in the hands of a binted fiduciary by that fiduciary)	
	MERY A LARA	
	(Typed or printed name of pers	on signing)
	PRESIDENT	
	(Title of person sig	ning)