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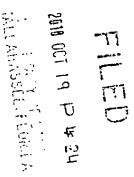
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LITTLE HEROES	STHERAPY SERVICES, I	NC
DOCUMENT NUM	BER: P17000054397		
The enclosed Articles	of Amendment and fee are si	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	MARIETA SUAREZ		
		Name of Contact Perso	n
		Firm/ Company	
	4501 PALM AVE STE 205		
	HIALEAH, FL 33012	Address	
		City/ State and Zip Cod	c
LITT	LEHEROESTHERAPYSER	VICESINC@GMAIL.COM	1
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
MARIETA SUAREZ		at (391-2275
Name	of Contact Person	Area Code & Daytime Telephone Numb	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtinent of State;
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Div P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LITTLE HEROES THERAPY SERVICES, INC.

(Name of Corporation as currer	ntly filed with the Florida Dept. of State)
P17000054397	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is 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 "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	Florida
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	(City) (Zip Code) (Zip Code) (Xip Code)
Signature of New	Registered Agent, if changing 200

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	ulty Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	MARIETA SUAREZ	4501 PALM AVE STE 205
Add			HIALEAH, FL 33012 .
Remove			
2) X Change	VP	DANIEL SUAREZ SANCHEZ	4501 PALM AVE STE 205
Add			HIALEAH, FL 33012.
Remove			
3.) X Change	ADM	SIXTA PEREZ	4501 PALM AVE STE 205
Add			HIALEAH, FL 33012.
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	arv). (Be specific)			
			 	
				
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(f				
f an amendment provides for an provisions for implementing the	: exchange, reclassifi : amendment if not c	<u>cation, or cancellati</u> ontained in the amu	on of issued share	<u>\$.</u>
programma var impresidenting tite	(d)	manica in the ame	nament usen.	
(if not applicable, indicate No				
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The date of each amendment(s' date this document was signed.	adoption:	, if other than the
1	0/11/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and shareholder	
10/11/20 Dated Signature	link	
(By) selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	MARIETA SUAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	