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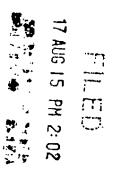


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AUG 21 2017



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	K & M THERAPY SERVICES CORP
DOCUMENT NUMBER:	P17000067013
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concern	ng this matter to the following:
	MARTHA OTALORA
	Name of Contact Person
	MO ACCOUNTING SERVICES CORP
	Firm/ Company
	175 FONTAINEBLEAU BLVD, SUITE 2G
<del></del>	Address
	MIAMI, FLORIDA 33172
	City/ State and Zip Code
	info@moaccountingservices.com
E-mail addres	s: (to be used for future annual report notification)
For further information concerning this m	atter, please call:
KYRENIA MAQUEIRA	
Name of Contact Person	at ( 386 ) 466-5425  Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, F1, 32314	Street Address Amendment Section  S Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

FILED

## Articles of Amendment Articles of Incorporation of

17 AUG 15 PH 2: 02



## K & M THERAPY SERVICES CORP.

	K & M THEKAPY	SERVICES CORP				
( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)				
	P1700	00067013				
	(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new n	ame of the corporation:					
		71				
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	on," "company," or "incorporated" or the abbreviation "Co" A professional corporation name must contain the "P.A."				
B. Enter new principal office address,	if annlicable	8871 FONTAINEBLEAU BLVD APT 504				
(Principal office address MUST BE A S		MIAMI, FLORIDA 33172				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		8871 FONTAINEBLEAU BLVD APT 504				
(Manning man Case <u>Mary DE</u> A 1 (Mary	OTTICE NO.	MIAMI, FLORIDA 33172				
D. If amending the registered agent and new registered agent and/or the ne						
new registered agent and/or the new registered office address:  N/A						
Name of New Registered Agent						
	/Florida o	treet address)				
	N/A					
New Registered Office Address:		(City) , Florida				
		100,000				
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>				
I hereby accept the appointment as regis.	tered agent. I am familiar	with and accept the obligations of the position.				
<del></del>	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)

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 <math>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: XChange	<u>PT</u>	John De	<u>oe</u>	
X Remove	$\underline{V}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				<del></del>
2) Change				
Add				
Remove				
3 ) Change		_		
Add				<del></del>
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
Kenime				
6) Change		<del>_</del> -		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				

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provisi	ions for im	plementing	the amer	ange, re adment i	if not co	ntained i	n the ami	ndment i	<u>ieu snares,</u> iself		
(if	not applica	ble, indicat	e N/4)								
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	08.11.2017	
The date of each amendment(s) add	ption:	, if other than th
fate this document was signed.	2017	
08.11 Effective date <u>if applicable</u> :	.2017	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dat artment of State's records.	e will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.	•
	oved by the shareholders through voting groups. The following statementach voting group entitled to vote separately on the amendment(s):	11
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
action was not required.	ted by the board of directors without shareholder action and shareholder ted by the incorporators without shareholder action and shareholder	
08.11.2017 Dated		
Signature Kin	rafia	
(By á dir selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
-	Hire Hia Magueira. (Typed or printed name of person signing)	
	(4 yped or printed name of person signing)	
_	PRESIDENT/DIRECTOR	
_	(Title of person signing)	