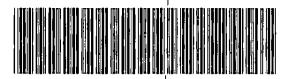
P17001083803

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AUG 2 9 2019 S. YOUNG

		COVER LETTER		
TO: Amendment Section Division of Corpora				
NAME OF CORPORA	TION: DR G THERAPY	USA CORP.		
DOCUMENT NUMBE				<u> </u>
	Amendment and fee are su	bmitted for filing.		
Please return all correspond	ondence concerning this ma	tter to the following:		
К	ATIUSKA V ASUAJE VE	LAZQUEZ		!
		Name of Contact Persor	1	-;
D	R G THERAPY USA COR	LP.		'
_		Firm/ Company		
7	821 NW 107TH CT			
_		Address	·	
D	ORAL, FL 33178			
_		City/ State and Zip Code	e	
DRGTI	HERAPY360@GMAIL.CO	М		
-	E-mail address: (to be us	sed for future annual report	notification)	<u>!</u>
For further information of	concerning this matter, pleas	se call:		
KATIUSKA V ASUAJ	E VELAZQUEZ	at (678-8860	1
Name of	Contact Person		de & Daytime Telephone	Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	irtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy	

enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

	of	
DR G THERAPY USA CORP.		
(Name o	f Corporation as currently filed with the Flo	rida Dept. of State)
P17000083803		
	(Document Number of Corporation (if known	own)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corp</i>	oration adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	ı
		The new
	ain the word "corporation," "company," or ation "Corp." "Inc," or "Co". A profession tion," or the abbreviation "P.A."	"incorporated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		· · · · · · · · · · · · · · · · · · ·
• •		
C. Enter new mailing address, if appli		1
(Mailing address MAY BE A POST)	OFFICE BOX)	
D. If amending the registered agent an	d/or registered office address in Florida, ente	er the name of the
new registered agent and/or the nev	v registered office address:	1
Name of New Registered Agent	KATIUSKA V ASUAJE VELAZQUEZ	·
	7821 NW 107TH CT	1
	(Florida street address)	
Vince Desire 1000 ATT	DORAL	33178
New Registered Office Address:	(City)	Florida (Zip Code)
New Registered Agent's Signature, if c	nanging Registered Agent:	į
I hereby accept the appointment as regist	ered agent. I am familiar with and accept the	obligations of the position.
	101	1
	K (su as l	
	Signature of New Registered Agent, if a	changing
	1 " " " " " " " " " " " " " " " " " " "	• "

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.

Mike Jones, V as Remove	, and Sai		SV as an Add.		
Example: X Change	<u>PT</u> .	John Do	<u>oe</u>		,
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		1
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	VP	_	DI PASCUALE, GIOVANNI C	7821 NW 107	rh CT
Add				DORAL, FL.	331 78
X Remove					i
2) Change					·
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add				1	
Remove					
5) Change					
Add					
Remove					,
				ı	
6) Change		_			
Add					·
Remove					

(Attach additional sheets, if necessary). (Be specific)	Í
	
	
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·	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	1
	· · ·
	<u> </u>
	<u> </u>
	-

08/19/2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
08/19/2019	
Effective date if applicable:	<u>i</u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	1
by" (voting group)	i
(voting group)	
(roung group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	oider
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	1
08/19/2019 Dated	
101	1
o Haral	
Signature Suray:	<u> </u>
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other of	ourt I
appointed fiduciary by that fiduciary)	
KATIUSKA V ASUAJE VELAZQUEZ	
(Typed or printed name of person signing)	
PRESIDENT	1
(Title of person signing)	