P170000 83981

(Re	questor's Name)			
(Ad	dress)			
(Ad	idress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900335134009

10/15/19--01005--021 **35.00



- ;

NOV () 1 2019 C Kinsev

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Kety LOPULE LMHC INC P17 000083981 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kety lope &
Name of Contact Person Firm/ Company 850 N. Miami Are Apt W908.

Address

Miami FL 33136

City/ State and Zip Code PSych Blosson e Gmail. com-E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kety lopet at (786), 364-6030.

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

٠.۲

	VIIC INC.		
(Name of Corporation as current		of State)	
717 00008			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation ac	lopts the following amendment	(s) to
A. If amending name, enter the new name of the corporation:			
Psych Blossom Counseling Ser name must be distinguishable and contain the word corporation	uices Inc.	The new	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpore	orated" or the abbreviation tion name must contain the	
B. Enter new principal office address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)		. 20	
		20 8	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	<u>:</u> <u>:</u> :	
(Managamata)			
		. 50	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		ne of the	
Name of New Registered Agent N/A			
(Florida si	treet address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		s of the position.	
,			
NIK			

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 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 Doe		
X Remove	V	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action	<u>Title</u>	Name		<u>Addres</u> s
(Check One) 1) Change		b	K	
Add				
Remove				
2) Change		<u> </u>	<u> </u>	<u></u>
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	,-			
Remove				
6) Change				
Add				
Remove				

-	onal sheets, if necessary). (Be specific)	
	NA	
		
n ame	ment provides for an exchange, reclassification, or cancellation of issued shares,	
ovisio	for implementing the amendment if not contained in the amendment itself:	
(if n	pplicable, indicate N/A)	
N		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (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 date vidocument's effective date on the Department of State's records.	vill 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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10.8.19	
$\frac{1}{1}$	
Signature (By a director, president prother officery if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Title of person signing)	
(Title of person signing)	