## P1800000 4265

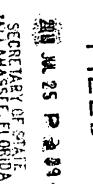
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LAURA GOLDM	AN, PSY.D., P.A.	
DOCUMENT NUMI	BER:		<u>-</u>
The enclosed Articles	of Amendment and fee are so	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	LAURA GOLDMAN		
		Name of Contact Person	1
		Firm/ Company	
	4000 HOLLYWOOD BOUL	EVARD, SUITE 555-8	
		Address	· · · · · · · · · · · · · · · · · · ·
	HOLLYWOOD, FL 33021		
		City/ State and Zip Cod	e
ROBO	GOLDMAN@PROTONMAL	L.COM	
<del> </del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ROBERT GOLDMAI	٧	at (	785-1835
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Amenc Divisio Clifton	Address  Iment Section on of Corporations  Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LAURA GOLDMAN, PSY.D., P.A.

F	L	E	D
	_		-

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P18000004265	आध्य अस. २५ 🔁 🗟 ६९
	of Corporation (if known) SECRE TARY OF STATE
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation तिकिति विकिलां विकास वार्वे विकास (s)
A. If amending name, enter the new name of the corporation:	
MANIFEST PSYCHOLOGY, 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 corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent N/A	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
Thereby accept the appointment as registered agent. I am familiar	
Cimmon CV	Project Annual Colombia
Signature of New 1	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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

l/A	additional sheets, if necessary). (Be specific)	
***		
-		
<u>.</u>		
. <u>If an a</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares,	
<u>provi</u> s	sions for implementing the amendment if not contained in the amendment itself:  f not applicable, indicate N/A)	
/A	у пол другийний, тиний 1971у	

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
	/A	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date 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 amendm sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	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 shareh	nolder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholde	r
JULY 2	4, 2019	
DatedSignature	Laure Holemen	
(By sele	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other ointed fiduciary by that fiduciary)	
	LAURA GOLDMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	- <u>-</u> -