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2018 AUG | 4 PM |: 21 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RICHARD'S FAN	MILY THERAPY SERVIC	ES INC.			
DOCUMENT NUMB	D19000063759					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
	IRIS M.	MARTINEZ RODRIGUE	ΞZ			
-		Name of Contact Person	n			
	RICHARD'S FAMILY THERAPY SERVICES INC.					
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company				
	16444 SW 97 TERRACE					
-	Address					
	MIAMI, FL 33196					
-		City/ State and Zip Cod	e			
		City, Mile and 121p Cook	•			
		ROFESSIONAL@YAHO				
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
IRIS M. MAI	RTINEZ RODRIGUEŻ	at (de & Daytime Telephone Number			
Name o	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations i Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

RICHARD'S FAMILY THERAPY SEVICES INC.

2018 AUG 14 PM 1: 24

(Name of Corporati	ion as currently	filed with the Florida	Dept. of State) SECHETARY	OF STATE
P18	8000062758		TALLAHA	SSEE, FL
(Docur	nent Number of C	Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	a Statutes, this F_{ℓ}	lorida Profit Corporatio	n adopts the following amer	ndment(s) to
A. If amending name, enter the new name of the co	orporation:			
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o, " "Inc, " or "C	o". A professional con		ation
B. Enter new principal office address, if applicable	e:			
(Principal office address <u>MUST BE A STREET ADI</u>				
				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)	-	····	
				
D. If amending the registered agent and/or register new registered agent and/or the new registered		ss in Florida, enter the	name of the	
Name of New Registered Agent	·	· <u> </u>		
	art vi			
	(Florida stree	t adaress)		
New Registered Office Address:			, Florida	
	70	'iiy)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	sistered Agent:			
I hereby accept the appointment as registered agent.	l am familiar wii	th and accept the obliga	tions of the position.	
-	rature of Nove Roy	ristanal Americ if chance	····	

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 D	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Je	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	VΡ		RIERA SILVEIRA, JOSE A	16444 SW 97 TERR
X Add				MIAMI FL 33196
Remove				
2) Change		_		
Add				
Remove				
3.) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	or adding additional Artional sheets, if necessary).	(Be specific)			
	one many y meetings, y	(2.2 syrety)			
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	·				
					
		·		·	
	ment provides for an exch for implementing the ame	tange, reclassification	on, or cancellation	of issued shares,	
lf an amend	applicable, indicate N/A)	nument ii not conta	ined in the amendi	nene itsen,	
provisions					

	08/09/2018	
The date of each amendment(s) addate this document was signed.	doption:	, if other than the
	09/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this repartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment of ficient for approval.	t(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
08/09/20	18 / /	
DatedSignature		
(By a d selecte	irector, prysiden or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other co ted fiduciary by that fiduciary)	a urt
	IRIS M. MARTINEZ RODRIGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

LL'A ISABEL RODRIGUEZ Notary Public - State of Florida Commission # GG 016450 My Comm. Expires Nov 26, 2020 Bonded through National Motary Assn.