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2018 AUG 21 AM II: 28
SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN AUG 2 3 2018

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: 45 Therapy Services Corporation: 180000 Cogno 7
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person KE Therapy Services Card Firm/ Company 940 NW 44 Are # 106 Address LIAM, FL 33126 City/ State and Zip Code Kenia. Sanchez 003 @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenia I. Sanchez at (786) 641-2158 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: \$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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Articles of Amendment		
to		,
Articles of Incorporation		
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	Ces Corps 3	_
(Name of Corporation as currently filed with th	e Florida Dept. of State)	
P18 0000 69 207	7. 20 P)
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation:	Corporation adopts the following amendment(s) t	Ю
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "company "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A profe- word "chartered," "professional association," or the abbreviation "P.A."	" or "incorporated" or the abbreviation	
B. Enter new principal office address, if applicable:	_	
	0 NW 44TH AVE	
\UN	WIT #103 # 106	
MI	AMI, FL 33126	
 1		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
	and on the many of the	
D. If amending the registered agent and/or registered office address in Florida new registered agent and/or the new registered office address:	t, enter the maine of the	
Name of New Registered Agent Kenia T. Sand	502	
,		
(Florida street address)		
20 1111 111 th	- 11 10/ 23/3/	
New Registered Office Address: 740 NW 49 AV	5 # 106, Florida 33126	
New Registered Office Address: 940 NW 44th AM	LIGINI (Zip Code)	
,	7 - 27 - 17	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accep	ot the obligations of the position.	
Kan Ala	: 42	
Simulation of the Desire and to a	it ald against	

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: X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One) 1) Change Add Remove	Title	Name Kenia I. Sarchez	Address 940 NW 44 AVE # 106 MIGHI, TC 33126
2) Change Add Remove 3) Change Add			
## Remove ### Add ### Remove ####################################			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
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→ 8315 39 595	
-> 8310 24 2 12	

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	, <u>,</u>
an amendment provides for an exchange, reclassification, or cancellation of iss	ued shares,
rovisions for implementing the amendment if not contained in the amendment	itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adoption: $8/16/8$ if other than	the
date this document was signed. $\int \int \int \int \int$	
Effective date if applicable: 8/16/18	
Effective date if applicable: 6/16/18 (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 will not be listed as document's effective date on the Department of State's records.	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 8/16/2018	
Var. T. Carobit	
Signature (By a director, president or other officer – 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)	
President	
(Title of person signing)	