## P18-00010011

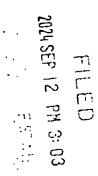
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	DRATION: LAGO'S THERAP	Y SERVICES, INC.	
DOCUMENT NUM	1BER:		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Mallensy Lago		
		Name of Contact Persor	1
	LAGO'S THERAPY SERVIO	CES, INC.	
		Firm/ Company	
	10253 sw 227 st		
		Address	
	Miami, FL 33190		
		City/ State and Zip Code	e
	lagomallensy@yahoo.com		
	•	sed for future annual report	notification)
For further informati	ion concerning this matter, plea	se call:	
Mallensy Lago		at (	) 325-4432
Name	e of 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:
■ \$35 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)
Ar Di P.	ailing Address nendment Section vision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

FILED

LAGO'S THERAPY SERVICES, INC.	2074 SE2 12 BH 2-00		
(Name of Corporation as current	tly filed with the Florida Dept. of State)		
P18000100177	f(x,y) = f(x,y)		
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	18495 S Dixiw HWY		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33157		
	#231		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18495 S Dixie HWY		
	Miami, FL 33157		
	#231		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	dress in Florida, enter the name of the		
Name of New Registered Agent			
(Florida si	treet address)		
New Registered Office Address:	, Florida		
New Registered Office Address:	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the position.		
Signature of New 1	Registered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

<u>X</u> 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)	Title	<u>Name</u>	<u>∆ddres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<del>_</del>
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

	(Be specific)			
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an amendment provides for an exc	hange, reclassificati	on, or cancellat	on of issued shar	es,
provisions for implementing the am	hange, reclassificati endment if not cont	on, or cancellat ained in the am	on of issued sharendment itself:	es,
an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassificati endment if not cont	on, or cancellat ained in the am	on of issued shar endment itself:	es.
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provisions for implementing the am	hange, reclassificati endment if not cont	on, or cancellat	on of issued shar	es,

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The date of each amendment(s) acd date this document was signed.	option:, if other than
Effective date if applicable:	
Effective date if applicable.	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendment(s) Ticient for approval.
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)
09/04/2024 Dated	
selected	rester, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Mallensy Lago
	(Typed or printed name of person signing)
	President

(Title of person signing)