P19000005553

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

Office Use Only



000338248300

12/30/19--01024--011 **43.75

2019 DEC 30 PH 4: 37
SEORETARY OF STATE
TALL AHAS SE

O SIMMONS JAN 28 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Clever Kids Ther	apy Center, Inc.	
DOCUMENT NUMBER:	P19000005553		
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.	
Please return all correspondence	e concerning this ma	tter to the following:	
		Yulaidy Lopez	
	Cl	Name of Contact Person lever Kids Therapy Center,	
		Firm/ Company 15961 SW 71 ST	
		Address MIAMI, FL 33193	
		City/ State and Zip Cod	e
		info@cleverkidstherapy.c	om
E-n	nail address: (to be us	sed for future annual report	notification)
For further information concern	ing this matter, pleas	se call:	
Yulaidy Lopez		786 at (812-8927
Name of Contac	t Person		de & Daytime Telephone Number
Enclosed is a check for the follo	owing amount made	payable to the Florida Dep	artment of State:
_	43.75 Filing Fee & crtificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment ! Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Amenc 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

 \mathbf{of}

Clever Kids Therapy Center, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P19000005553

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corp	ooration:	Th	e nev
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc." o	oration," "company," or "incorpor" (Co" 4 professional cornor	orated" or the abbreviation "(Corp.,
"chartered," "professional association," or the abbrevio	ation "P.A."	₹ 0	
Enter now principal office address: if applicables	N/A	유유 문	•••
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>	
			<u>_</u>
		## ## ## ## ## ## ## ## ## ## ## ## ##	ï
			\
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	22 38 38))
(Manny and Cas Mart Dr. 11 Tour Of the Board)			
(Stating and Case State Dr. 11 Cont. Oct. 12 Dog.)			
is the state of th			
in a second seco			
). If amending the registered agent and/or registered	l office address in Florida, enter	the name of the	
	l office address in Florida, enter	the name of the	
 If amending the registered agent and/or registered new registered agent and/or the new registered of 	l office address in Florida, enter	the name of the	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off N/A	l office address in Florida, enter	the name of the	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off N/A	l office address in Florida, enter	the name of the	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off N/A	d office address in Florida, enter fice address: (Florida street address)	Florida	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of N/A Name of New Registered Agent	l office address in Florida, enter fice address:		,
D. If amending the registered agent and/or registered new registered agent and/or the new registered off N/A Name of New Registered Agent	d office address in Florida, enter fice address: (Florida street address)	Florida	,
D. If amending the registered agent and/or registered new registered agent and/or the new registered of N/A Name of New Registered Agent	d office address in Florida, enter fice address: (Florida street address)	Florida	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of N/A Name of New Registered Agent	d office address in Florida, enterfice address: (Florida street address) (City) ered Agent:	, Florida (Zip Code	,

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.

. (3/161 1/63)	y amin, ar as arenad.	
<u>PT</u>	John Doe	
<u>V</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	Name	<u>Addres</u> s
VP	Eyleen Ortiz	1322 SW 92nd Ct.
		Miami, Fl. 33174
	_	2019 SEE
		2019 DEC SECRESS TALLIA
		mar E C
		7ATE
		.
	Page 2 of 4	
	PT V SV Title	Y Mike Jones SY Sally Smith Title Name VP Eyleen Ortiz

٠	H amending	or	adding	addi	tional	Articles	<u>, enter</u>	change	<u>(S)</u>	<u>here</u>	:
---	------------	----	--------	------	--------	----------	----------------	--------	------------	-------------	---

(Attach additional sheets, if necessary). (Be specific)

	•			
· ,				
				
·				
			.,	~~
				, —
			TALI AHI	9050
			<u> </u>	ω !
		· · · · · · · · · · · · · · · · · · ·	(A)	
			Γ":	Σ—ω— Τ
E. If an amandment provides	for an araba	and reclassification are annuallation of ice	and charac	
provisions for implementi	ng the amen	nge, reclassification, or cancellation of iss Iment if not contained in the amendment	itself:	
(if not applicable, indic	rate N/A)			
				
		· · · · · · · · · · · · · · · · · · ·		
		 		
		,		
		Page 3 of 4		
The date of each amendment()	s) adoption:	12/18/2019		, if other than the
date this document was signed.				
Effective date <u>if applicable</u> :	12/18/19			
		(no more than 90 days after amendment	file dater	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s was were ac by the shareholder was were s	opted by the shareholders. The number of votes east for the amendment ufficient for approval.	ı(s)	
	proved by the shareholders through voting groups. The following staten reach voting group entitled to vote separately on the amendment(s):	nent	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval		
by			
	(voting group)		
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and sharehold	der	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder		
12/18/2	019		
Dated	All .	SECRETARY TALLAHE	
Signature(By a c	lirector, president or other officer – if directors or officers have not been)EC	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other con	重強 😄	para um s
	ited fiduciary by flight fiduciary)	3 5 -	
	(Typed or printed name of person signing)	PH 4	
	•	38 ATE	
	President		
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·	