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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: WONDER MINDS	S THERAPY CENTER INC	<u> </u>			
DOCUMENT NUMBI	ER: P19000007762					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corresp	ondence concerning this ma	tter to the following:				
		KLEBER ROMERO				
_		Name of Contact Person	1			
	WONDER MINDS THERAPY CENTER INC					
~	Firm/ Company					
	1609 E VINE STREET					
_	Address					
_	KISSIMMEE, FL 34744					
		City/ State and Zip Cod	e			
		k@wondermindstc.com	l			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
KLEBER ROMERO		786 at (447-5493			
Name of	Contact Person	· · · · · · · · · · · · · · · · · · ·	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)			
Amen Divisi P.O. I	ng Address dment Section on of Corporations 30x 6327 nassee, FL 32314	Amend Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

WONDER MINDS THERAPY CENTER INC

(Name of Corporation a	s currently filed with the Florida Dept. of State)
	P19000007762
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if appilcable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office	
Name of New Registered Agent	6.
	:.) #-
	(Florida street address)
New Registered Office Address:	. Florida
The Action of the Action Co.	(City) (Lip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	
Signatur	e of New 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 <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	PT	John Doc		
X Remove	Y	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) X Change	<u>P</u>	KLEBER ROMERO	14826 RALEIGHS MEADOW CT	
Add			CYPRESS, TX 77433	
Remove				
2) Change	MGR	ELIEVA GIL	14826 RALEIGHS MEADOW CT	
Add			CYPRESS, TX 77433	
X Remove				
3) Change	MGR	MARIANA C ROMERO	6036 BENT PINE DRIVE #3122	
Add			ORLANDO, FL 32822	
X Remove				
4) Change	MGR	ANDRES A DELGADO	3169 CARTHAGE CT	
Add			ORLANDO, FL 32837	
X Remove				
5) Change	v	DANIELLA SULLIVAN	3169 CARTHAGE CT	
X Add			ORLANDO, FL 32837	
Remove			<u> </u>	
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) SHARE DISTRIBUTION:
KLEBER ROMERO 70%
DANIELLA SULLIVAN 30%
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this coartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment ficient for approval.	s(s)
	roved 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 f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
10/22/201 Dated	9	
Signature 01	ille	
(By L'di sclected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other coed fiduciary by that fiduciary)	
	KLEBER ROMERO	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	