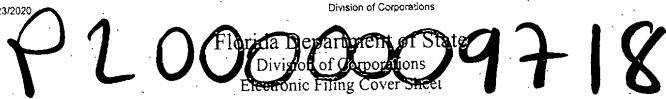
8/23/2020



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Division of Corporations

Fax Number : (850)617-6380

Account Name : ALLSTATE MEDICAL CONSULTING, INC.

Account Number : I20110000067

Phone : (786)362-0124

Fax Number : (305)675-0701

Enter the email address for this business entity to be used for future $\stackrel{\triangleright}{\hookrightarrow}$ annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN WELLNESS COMMUNITY THERAPY CENTER INC

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2020-08-23 15:37:24 (GMT)

Articles of	Amendment			
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Articles of li		::	2020	•
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WELLNESS COMMUNITY THERAPY CE	NTER INC	40	<u> </u>	
(Name of Cornoration as curren	tly filed with the Florida	Dept. of State)	21	1
P20000009718				:17
(Document Number	of Corporation (if known)		Ų	
ersuant to the provisions of section 607,1006, Florida Statutes, thi	s Florido Profit Cornorati	on adopts the follo	owing ame	ndment(s)
Articles of Incorporation:			. <u> </u>	
	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	•		,
If amending name, enter the new name of the corporation:		•		
			7ħe	new
me 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 corporati	on name must co	ontain the	word "
Enter new principal office address, if applicable:	6955 NW 7	7 AVE. ST	304	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL	33166		
	•	* .		•
		·	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6955 NV	V 77 AVE. S	STE 304	<u> </u>
(Maining maintas Mary Description Control	MIANI	FL 33166		
	ivii/\ivii,	1 L 33 100		
		·		
and the second office of	ldear in Florida, enter th	e nume of the	ē	
. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addresses	55:	t Mante Of the		
	EZ, RAINOA	·		
•	77 AVE. STE 3	104	•	
	street address)	. .		
N/	IIAMI		33166	
New Registered Office Address: IV	(City)	, Florida	(Zip Code)	 -
	(101)/			•
lew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	nt:	eations of the pos	Hon.	
nereby accept the appointment as registered agent. I am familie	l	Announced the base		
Dummy	Ronanton	·.		
Signature of Non	Registered Agen if chan			
inguature of tres		orran		

Check if applicable

The amendment(s) is/are being filed pursuant to.s. 607.0120 (11) (c), E.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.

Example: X Change	PT John Doe .					
X Remove	V Mike Jones					
X Add	SV Sally Smith					
Type of Action	Title Name		٠	<u>Addres</u> s		
(Check One) 1) X Change	P HER	NANDEZ, RAINOA		6955 NW 77TH AVE STE 304		
Add				MIAMI, FL 33166		
Remove			•			
2) Change			·			
Add						
Remove 3) Change						
Add						
Remove			• •			
.4) Change	<u> </u>					
Add		•				
Remove	·					
5) Change	 .					
Add			•			
Remove 6) Change						
O) Change						
Remove						

Attach	nding or adding addinational sheets, if no	ecessary). (Be sp	ecific)		•	
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٠.	amendment provides			nallation of icer	ed chares	•
i an	isions for implementi	ing the amendment	t if not contained in t	he amendment i	tself:	
121 (A)	(if not applicable, indic	cate N/A)				
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The date of each amendment(s) adoption:	_ if other than the
date this document was signed.	
Effective data if aunticable	
Effective date if applicable: (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 a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	•
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and saction was not required.	hareholder
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)	
Dated	•
Signature Roundulteranten	_
(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)	
Rainoa hernandez	
(Typed or printed name of person signing)	
President	· · ·
(Title of person signing)	